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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An	Authorized Com	mittee	(Office Use Only			
NAME OF COMMITTEE (in full)	TYPE OR PRIN		cample: If typing, typer the lines.	e 12FE4M5				
SHEILA CHERFILUS	MCCORMIC	CK FOR CON	GRESS, INC					
ADDDESS (sumber and street)	1 M STREET	SE						
ADDRESS (number and street) ▼ SUITE								
Check if different than previously reported. (ACC)	WASHINGTO	N			20003			
2. FEC IDENTIFICATION N	NUMBER V	CITY A		STATE ▲	ZIP CODE ▲			
C C00677492		3. IS THIS REPORT	× NEW (N) OF	AMENDE (A)	STATE ▼ DISTRICT FL 20			
4. TYPE OF REPORT (Co. (a) Quarterly Reports: April 15 Quarterly	,	(b) 12-Day PRE	E-Election Report for Primary (12P) Convention (12C)	the: General (12 Special (12)				
July 15 Quarterly October 15 Quart		Election on	M M / D	D / Y Y Y	in the State of			
January 31 Year-E	End Report (YE)	(c) 30-Day POST -Election Report for the:						
			General (30G)	Runoff (30F	Special (30S)			
Termination Repo	rt (TER)	Election on	M M / D	D / Y Y Y Y	in the State of			
5. Covering Period	07 D 01 D	7 Y Y Y Y Y Y Y 2025	through	M M / D D / 30	y y y y y 2025			
I certify that I have examined Type or Print Name of Treasur	Broz Danda		nowledge and belief	it is true, correct and	complete.			
Signature of Treasurer	roz, Randall, , ,			Date 10	/ D D / Y Y Y Y Y 2025			
NOTE: Submission of false, erro	neous, or incomple	ete information may	subject the person si	gning this Report to the	penalties of 52 U.S.C. §30109			
Office Use Only					FEC FORM 3 (Revised 05/2016)			

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

^M09 2025 2025 30 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 68036.00 226218.88 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 500.00 500.00 (from Line 20(d)) (c) Net Contributions (other than loans) 67536.00 225718.88 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 50402.27 105256.81 (from Line 17) (b) Total Offsets to Operating 1944.01 528.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 49874.27 103312.80 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 123918.10 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 4321427.46 Schedule C and/or Schedule D).....

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

07 09 30 01 2025 2025 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 47175.00 152975.00 (i) Itemized (use Schedule A)..... 1361.00 2743.88 (ii) Unitemized (iii) TOTAL of contributions 48536.00 155718.88 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 19500.00 70500.00 (such as PACs)..... 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 68036.00 226218.88 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 1254.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 1254.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 528.00 1944.01 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 68564.00 229416.89 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 05/2016)

of Disbursements

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
17.	OPERATING EXPENDITURES	50402.27	105256.81		
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00		
19.	LOAN REPAYMENTS:				
	(a) Of Loans Made or Guaranteed by the Candidate	5800.00	40100.00		
	(b) Of All Other Loans	0.00	0.00		
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	5800.00	40100.00		
0.	REFUNDS OF CONTRIBUTIONS TO:				
	(a) Individuals/Persons Other Than Political Committees	500.00	500.00		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees (such as PACs)	0.00	0.00		
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	500.00	500.00		
1.	OTHER DISBURSEMENTS	1450.00	4350.00		
.2.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	58152.27	150206.81		
	III. CASH SU	JMMARY			
3.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	113506.37		
4	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	68564.00		
5.	SUBTOTAL (add Line 23 and Line 24)		182070.37		
6.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	58152.27		
	CASH ON HAND AT CLOSE OF REPORTING	C REDIOD			

PAGE 5 OF 168 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 11a 11b 11d 11c Detailed Summary Page 13a 13b 14

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Andre, Valentin, J., Dr., Date of Receipt Mailing Address 1995 NW 162nd Ave 2025 06 City State Zip Code Transaction ID: SA11AI.13431 FL 33028 Pembroke Pines FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 250.00 Name of Employer Occupation **Doctors Medical Center** Doctor Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Beliard, Tamara, , , Date of Receipt Mailing Address 2515 SW 105 Terrace 2025 07 31 City State Zip Code Transaction ID: SA11AI.13465 Davie FL 33324 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation Caribbean Port Management Accountant Memo Item Receipt For: 2026 Election Cycle-to-Date > Primary General 1000.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) **ACTBLUE** Date of Receipt Mailing Address PO BOX 441146 07 31 2025 City State Zip Code Transaction ID: SA11AI.13465.0 MA SOMERVILLE 02144 FEC ID number of contributing C C00401224 Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 35288 45 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

PAGE 6 OF 168 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 11a 11b 11d 11c Detailed Summary Page

13a 13b 14 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Benson, D'Rene, , , Date of Receipt Mailing Address 4392 SW 130th Ave 80 2025 06 City State Zip Code Transaction ID: SA11AI.13441 FL 33330 Davie FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 250.00 Name of Employer Occupation Johnson & Johnson Sales Manager Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Benson, Hayward, J., , Jr. Date of Receipt Mailing Address 4392 SW 130 Ave 06 2025 08 City State Zip Code Transaction ID: SA11AI.13433 Davie FL 33330 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation None Not Employed Memo Item Receipt For: 2026 Election Cycle-to-Date | Primary General 250.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) Bernadel, Joseph, , , Date of Receipt Mailing Address 2601 S Military Trail 2025 Ste 13 08 06 City State Zip Code Transaction ID: SA11AI.13439 FL West Palm Beach 33415 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Not Employed None Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

PAGE OF 168 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 11a 11b 11d 11c Detailed Summary Page 13a 13b 14

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Bernard, Peter, H.,, Date of Receipt Mailing Address 14880 SW 45th Court 2025 06 City State Zip Code Transaction ID: SA11AI.13419 FL 33027 Miramar FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 500.00 Name of Employer Occupation Law Offices of Bernard & Yam Attorney Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Cadet, Leslie, , , Date of Receipt Mailing Address 411 NW 101st Ave 2025 08 03 City State Zip Code Transaction ID: SA11AI.13478 Coral Springs LA 33071 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation None Retired Memo Item Receipt For: 2026 Election Cycle-to-Date | Primary General 250.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) **ACTBLUE** Date of Receipt Mailing Address PO BOX 441146 80 03 2025 City State Zip Code Transaction ID: SA11AI.13478.0 MA SOMERVILLE 02144 FEC ID number of contributing C C00401224 Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 39288 45 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Cherfrere, Sandra, , , Date of Receipt Mailing Address 3260 SW 17th Ave 2025 21 City State Zip Code Transaction ID: SA11AI.13497 FL 33029 Miramar FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 250.00 Name of Employer Occupation Cherfrere Law Group PA Attorney Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **ACTBLUE** Date of Receipt Mailing Address PO BOX 441146 2025 08 21 City State Zip Code Transaction ID: SA11AI.13497.0 **SOMERVILLE** MA 02144 FEC ID number of contributing C C00401224 Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date | Primary General 48513.45 Other (specify) ▼ Full Name (Last, First, Middle Initial) Chraibi, Salim, , , Date of Receipt Mailing Address 661 NE 53rd St 2025 07 29 City State Zip Code Transaction ID: SA11AI.13400 FL Miami 33137 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2900.00 Name of Employer Occupation CEO **Bluenest Development** Memo Item Receipt For: 2022 Election Cycle-to-Date Primary General 2900.00 Other (specify) 3150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s)

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for each category of the ITEMIZED RECEIPTS Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Chraibi, Salim, , , Date of Receipt Mailing Address 661 NE 53rd St 07 2025 29 City State Zip Code Transaction ID: SA11AI.13402 FL 33137 Miami FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 2900.00 Name of Employer Occupation Bluenest Development CEO Memo Item Receipt For: 2022 Election Cycle-to-Date Primary X General 5800.00 Other (specify) Full Name (Last, First, Middle Initial) Chraibi, Salim, , , Date of Receipt Mailing Address 661 NE 53rd St 2025 07 29 City State Zip Code Transaction ID: SA11AI.13404 Miami FL 33137 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 3500.00 Name of Employer Occupation Bluenest Development CEO Memo Item Receipt For: 2026 Election Cycle-to-Date | Primary General 9300.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) Chraibi, Salim, , , Date of Receipt Mailing Address 661 NE 53rd St 2025 07 29 City State Zip Code Transaction ID: SA11AI.13405 FL Miami 33137 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 3500.00 Name of Employer Occupation CEO **Bluenest Development** Memo Item Receipt For: 2026 Election Cycle-to-Date X General Primary 12800.00 Other (specify) 9900.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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		12		13a		13b		14	. [15

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Use separate schedule(s) for each category of the ITEMIZED RECEIPTS Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Cohen, Michel, , , Date of Receipt Mailing Address 1555 Presidental Way 80 2025 20 City State Zip Code Transaction ID: SA11AI.13566 FL 33179 Miami FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 250.00 Name of Employer Occupation Osmium LLC Director Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 20 08 2025 City State Zip Code Transaction ID: SA11AI.13566.0 20001 WASHINGTON DC FEC ID number of contributing C C00797670 Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date | Primary General 53771.43 Other (specify) ▼ Full Name (Last, First, Middle Initial) Drice, Jenny, , , MD Date of Receipt Mailing Address 1933 NW 168 Ave 2025 08 01 City State Zip Code Transaction ID: SA11AI.13467 FL Pembroke Pines 33028 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Not Employed None Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 250.00 Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional).....

Use separate schedule(s) Detailed Summary Page

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for each category of the ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) **ACTBLUE** Date of Receipt Mailing Address PO BOX 441146 City State Zip Code Transaction ID: SA11AI.13467.0 MA 02144 SOMERVILLE FEC ID number of contributing Amount of Each Receipt this Period C00401224 federal political committee. 250.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 35538.45 Other (specify) Full Name (Last, First, Middle Initial) Fanjul, Alfonso, , , Date of Receipt Mailing Address 1 North Clematis Street, #200 2025 08 12 City State Zip Code Transaction ID: SA11AI.13492 West Palm Beach FL 33401 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2000.00 Name of Employer Occupation Florida Crystals Executive Memo Item Receipt For: 2026 Election Cycle-to-Date > Primary General 2000.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) **ACTBLUE** Date of Receipt Mailing Address PO BOX 441146 80 12 2025 City State Zip Code Transaction ID: SA11AI.13492.0 MA SOMERVILLE 02144 FEC ID number of contributing C C00401224 Amount of Each Receipt this Period federal political committee. 2000.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 46013 45 Other (specify)

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Fanjul, Andres, , , Date of Receipt Mailing Address 109 Wells Road 2025 12 City State Zip Code Transaction ID: SA11AI.13494 FL 33480 Palm Beach FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 2000.00 Name of Employer Occupation Florida Crystals Executive Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) **ACTBLUE** Date of Receipt Mailing Address PO BOX 441146 2025 08 12 City State Zip Code Transaction ID: SA11AI.13494.0 **SOMERVILLE** MA 02144 FEC ID number of contributing C C00401224 Amount of Each Receipt this Period federal political committee. 2000.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date | Primary General 48013.45 Other (specify) ▼ Full Name (Last, First, Middle Initial) Gassant, Pedro, , , Date of Receipt Mailing Address 20609 NW 14th Place 07 20 2025 City State Zip Code Transaction ID: SA11AI.13458 FL Miami Gardens 33169 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 3500.00 Name of Employer Occupation Real Estate Broker / Sales Associate SANKOFA REALTY LLC Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 3500.00 Other (specify) 5500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) **ACTBLUE** Date of Receipt Mailing Address PO BOX 441146 20 City State Zip Code Transaction ID: SA11AI.13458.0 MA 02144 SOMERVILLE FEC ID number of contributing Amount of Each Receipt this Period C00401224 federal political committee. 3500.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 30708.45 Other (specify) Full Name (Last, First, Middle Initial) Gedeon, Nadine, , , Date of Receipt Mailing Address 4836 NW 91st Terrace 2025 08 02 City State Zip Code Transaction ID: SA11AI.13475 Ft Lauderdale FL 33351 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Occupation Name of Employer Self Attorney Memo Item Receipt For: 2026 Election Cycle-to-Date | Primary General 500.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) **ACTBLUE** Date of Receipt Mailing Address PO BOX 441146 80 02 2025 City State Zip Code Transaction ID: SA11AI.13475.0 MA SOMERVILLE 02144 FEC ID number of contributing C C00401224 Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 38038 45 Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the ITEMIZED RECEIPTS Detailed Summary Page 13a 13b 14 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Guerin, Elizabeth, , , Date of Receipt Mailing Address 17814 SW 47th St 2025 02 City State Zip Code Transaction ID: SA11AI.13477 FL 33029 Miramar FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 1000.00 Name of Employer Occupation **Imaginart Media Productions** President Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) **ACTBLUE** Date of Receipt Mailing Address PO BOX 441146 2025 08 02 City State Zip Code Transaction ID: SA11AI.13477.0 **SOMERVILLE** MA 02144 FEC ID number of contributing C C00401224 Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date | Primary General 39038.45 Other (specify) ▼ Full Name (Last, First, Middle Initial) Hermantin, Leonie, , , Date of Receipt Mailing Address 6321 SW 63rd Terrace 2025 80 02 City State Zip Code Transaction ID: SA11AI.13474 FL Miami 33143 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation **Deputy Director** Lambi Fund of Haiti Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) **ACTBLUE** Date of Receipt Mailing Address PO BOX 441146 02 City State Zip Code Transaction ID: SA11AI.13474.0 MA 02144 SOMERVILLE FEC ID number of contributing Amount of Each Receipt this Period C00401224 federal political committee. 500.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 37538.45 Other (specify) Full Name (Last, First, Middle Initial) Ketant, Eurica, , , Date of Receipt Mailing Address 17220 NW 64 Ave 204 2025 08 01 City State Zip Code Transaction ID: SA11AI.13469 Hialeah FL 33014 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Miami Dade County **Disability Specialist** Memo Item Receipt For: 2026 Election Cycle-to-Date > Primary General 250.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) **ACTBLUE** Date of Receipt Mailing Address PO BOX 441146 08 01 2025 City State Zip Code Transaction ID: SA11AI.13469.0 MA SOMERVILLE 02144 FEC ID number of contributing C C00401224 Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 35788 45 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Labrousse, Joseph, E.,, Date of Receipt Mailing Address 623 SW 2nd Terrace 2025 06 City State Zip Code Transaction ID: SA11AI.13437 FL 33060 Pompano Beach FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 300.00 Name of Employer Occupation Miami Dade County Sr Systems Analyst Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) Laroche, Edna, , , Date of Receipt Mailing Address 1559 Plunkett St 2025 08 15 City State Zip Code Transaction ID: SA11AI.13495 Hollywood FL 33020 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation City of Miramar Legislative Aide Memo Item Receipt For: 2026 Election Cycle-to-Date | Primary General 250.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) **ACTBLUE** Date of Receipt Mailing Address PO BOX 441146 08 15 2025 City State Zip Code Transaction ID: SA11AI.13495.0 MA SOMERVILLE 02144 FEC ID number of contributing C C00401224 Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 48263 45 Other (specify) 550.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)											
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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Louissaint, Nadine, , , Date of Receipt Mailing Address 16280 NW 17th St 2025 06 City State Zip Code Transaction ID: SA11AI.13435 FL 33028 Pembroke Pines FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 500.00 Name of Employer Occupation **Broward Health** Family Nurse Practitioner Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Lozama, Queen Marjorie, , , Date of Receipt Mailing Address 1940 SW 129 Terrace 06 2025 08 City State Zip Code Transaction ID: SA11AI.13486 Miramar FL 33027 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Empower Nurse Practitioner Memo Item Receipt For: 2026 Election Cycle-to-Date | Primary General 500.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) **ACTBLUE** Date of Receipt Mailing Address PO BOX 441146 80 06 2025 City State Zip Code Transaction ID: SA11AI.13486.0 MA SOMERVILLE 02144 FEC ID number of contributing C C00401224 Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 40263 45 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional).....

18 OF PAGE 168 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 11a 11b 11d 11c Detailed Summary Page 13a 13b 14

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Martin, Patrick, , , Date of Receipt Mailing Address 5901 SW 46th St 2025 06 City State Zip Code Transaction ID: SA11AI.13417 FL 33155 Miami FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 250.00 Name of Employer Occupation Ogletree Deakins Shareholder Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Metellus, Gepsie, , , Date of Receipt Mailing Address 515 NE 107 Street 06 2025 08 City State Zip Code Transaction ID: SA11AI.13416 Miami FL 33161 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Haitian Neighborhood Center **Executive Director** Memo Item Receipt For: 2026 Election Cycle-to-Date > Primary General 500.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) Moise, Rudolph, , , Date of Receipt Mailing Address 12947 Equestrian Trl 2025 08 01 City State Zip Code Transaction ID: SA11AI.13471 FL Davie 33330 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation Doctor Comprehensive Health Center Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 1000.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) **ACTBLUE** Date of Receipt Mailing Address PO BOX 441146 City State Zip Code Transaction ID: SA11AI.13471.0 MA 02144 SOMERVILLE FEC ID number of contributing Amount of Each Receipt this Period C00401224 federal political committee. 1000.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 36788.45 Other (specify) Full Name (Last, First, Middle Initial) Monestime, Jean, , , Date of Receipt Mailing Address 13325 NW 11 Ave 2025 08 04 City State Zip Code Transaction ID: SA11AI.13480 Miami FL 33168 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Self Consultant Memo Item Receipt For: 2026 Election Cycle-to-Date | Primary General 250.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) **ACTBLUE** Date of Receipt Mailing Address PO BOX 441146 80 04 2025 City State Zip Code Transaction ID: SA11AI.13480.0 MA SOMERVILLE 02144 FEC ID number of contributing C C00401224 Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 39538 45 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the ITEMIZED RECEIPTS Detailed Summary Page 13a 13b 14 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Pamies, Michelle, , , Date of Receipt Mailing Address 19355 Turnberry Way 17K 07 2025 29 City State Zip Code Transaction ID: SA11AI.13464 FL 33180 Aventura FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 1000.00 Name of Employer Occupation Austin Pamies Norris Weeks Attorney Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) **ACTBLUE** Date of Receipt Mailing Address PO BOX 441146 2025 07 29 City State Zip Code Transaction ID: SA11AI.13464.0 **SOMERVILLE** MA 02144 FEC ID number of contributing C C00401224 Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date | Primary General 34288.45 Other (specify) ▼ Full Name (Last, First, Middle Initial) Paul, Marc, , , Date of Receipt Mailing Address 153 NW 96 St 2025 80 06 City State Zip Code Transaction ID: SA11AI.13414 FL Miami Shores 33150 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Retired None Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Paul, Nina, , , Date of Receipt Mailing Address 10605 Deerfield Rd 2025 03 City State Zip Code Transaction ID: SA11AI.13571 OH 45242 Cincinatti FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 250.00 Name of Employer Occupation None Retired Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 2025 09 03 City State Zip Code Transaction ID: SA11AI.13571.0 WASHINGTON DC 20001 FEC ID number of contributing C C00797670 Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date | Primary General 54031.43 Other (specify) ▼ Full Name (Last, First, Middle Initial) Petion, Fesner, , , Date of Receipt Mailing Address 3099 Lake Ridge Lane 2025 08 07 City State Zip Code Transaction ID: SA11AI.13490 FL Weston 33332 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2500.00 Name of Employer Occupation Self Attorney Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 2500.00 Other (specify) 2750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the ITEMIZED RECEIPTS 11d Detailed Summary Page 13a 13b 14 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) **ACTBLUE** Date of Receipt Mailing Address PO BOX 441146 City State Zip Code Transaction ID: SA11AI.13490.0 MA 02144 SOMERVILLE FEC ID number of contributing Amount of Each Receipt this Period C00401224 federal political committee. 2500.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 44013.45 Other (specify) Full Name (Last, First, Middle Initial) Richards, Heidi, , , Date of Receipt Mailing Address 8690 SW 16th Ct 2025 07 10 City State Zip Code Transaction ID: SA11AI.13456 Hollywood FL 33025 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation The Southern Group Lobbyist Memo Item Receipt For: 2026 Election Cycle-to-Date > Primary General 1000.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) **ACTBLUE** Date of Receipt Mailing Address PO BOX 441146 10 2025 City State Zip Code Transaction ID: SA11AI.13456.0 MA SOMERVILLE 02144 FEC ID number of contributing C C00401224 Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 27208.45 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Rivas, Herman, , , Date of Receipt Mailing Address 3601 NW 20th St 2025 06 City State Zip Code Transaction ID: SA11AI.13408 FL 33142 Miami FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 1000.00 Name of Employer Occupation Self CPA Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) Salvant, Carl, , , Date of Receipt Mailing Address 13074 NW 13th St 06 2025 08 City State Zip Code Transaction ID: SA11AI.13406 Pembroke Pines FL 33028 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Salvant Technologies, Inc. CEO Memo Item Receipt For: 2026 Election Cycle-to-Date > Primary General 500.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) Simon, Brian, , , Date of Receipt Mailing Address 192 Lexington Avenue Suite 902 09 25 2025 City State Zip Code Transaction ID: SA11AI.13510 NY Manhattan 10016 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 3500.00 Name of Employer Occupation Government Affairs Hollis Public Affairs Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 3500.00 Other (specify) 5000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) **ACTBLUE** Date of Receipt Mailing Address PO BOX 441146 25 City State Zip Code Transaction ID: SA11AI.13510.0 MA 02144 SOMERVILLE FEC ID number of contributing Amount of Each Receipt this Period C00401224 federal political committee. 3500.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 54630.45 Other (specify) Full Name (Last, First, Middle Initial) Simon, Brian, , , Date of Receipt Mailing Address 192 Lexington Avenue Suite 902 2025 09 25 City State Zip Code Transaction ID: SA11AI.13512 Manhattan NY 10016 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 3500.00 Name of Employer Occupation Hollis Public Affairs Government Affairs Memo Item Receipt For: 2026 Election Cycle-to-Date Primary ✓ General 7000.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) **ACTBLUE** Date of Receipt Mailing Address PO BOX 441146 09 25 2025 City State Zip Code Transaction ID: SA11AI.13512.0 MA SOMERVILLE 02144 FEC ID number of contributing C C00401224 Amount of Each Receipt this Period federal political committee. 3500.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary X General 58130 45 Other (specify) 3500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Simon, Dina, , , Date of Receipt Mailing Address 77 8th Avenue 07 2025 23 City State Zip Code Transaction ID: SA11AI.13461 NY 11746 **Huntington Station** FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 25.00 Name of Employer Occupation NYC Chief of Stagg Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) **ACTBLUE** Date of Receipt Mailing Address PO BOX 441146 2025 07 23 City State Zip Code Transaction ID: SA11AI.13461.0 **SOMERVILLE** MA 02144 FEC ID number of contributing C C00401224 Amount of Each Receipt this Period federal political committee. 25.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date | Primary General 33233.45 Other (specify) ▼ Full Name (Last, First, Middle Initial) Simon, Dina, , , Date of Receipt Mailing Address 77 8th Avenue 80 23 2025 City State Zip Code Transaction ID: SA11AI.13499 NY **Huntington Station** 11746 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 25.00 Name of Employer Occupation Chief of Stagg NYC Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 250.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) **ACTBLUE** Date of Receipt Mailing Address PO BOX 441146 23 City State Zip Code Transaction ID: SA11AI.13499.0 MA 02144 SOMERVILLE FEC ID number of contributing Amount of Each Receipt this Period C00401224 federal political committee. 25.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 48538.45 Other (specify) Full Name (Last, First, Middle Initial) Simon, Dina, , , Date of Receipt Mailing Address 77 8th Avenue 2025 09 25 City State Zip Code Transaction ID: SA11AI.13509 **Huntington Station** NY 11746 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 25.00 Name of Employer Occupation NYC Chief of Stagg Memo Item Receipt For: 2026 Election Cycle-to-Date | Primary General 275.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) **ACTBLUE** Date of Receipt Mailing Address PO BOX 441146 09 25 2025 City State Zip Code Transaction ID: SA11AI.13509.0 MA SOMERVILLE 02144 FEC ID number of contributing C C00401224 Amount of Each Receipt this Period federal political committee. 25.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 51130.45 Other (specify) 25.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

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(check only one)								
X 11a	11b		11c		11d			
12	13a		13b		14		15	

ITEMIZED RECEIPTS Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Stiefel, Barbara, , , Date of Receipt Mailing Address P.O. Box 141128 07 2025 21 City State Zip Code Transaction ID: SA11AI.13459 FL 33114 Coral Gables FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 2500.00 Name of Employer Occupation None Not Employed Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) **ACTBLUE** Date of Receipt Mailing Address PO BOX 441146 2025 07 City State Zip Code Transaction ID: SA11AI.13459.0 **SOMERVILLE** MA 02144 FEC ID number of contributing C C00401224 Amount of Each Receipt this Period federal political committee. 2500.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date | Primary General 33208.45 Other (specify) ▼ Full Name (Last, First, Middle Initial) Surin, Ronald, , , Date of Receipt Mailing Address 5575 SW 198th Terrace 2025 80 07 City State Zip Code Transaction ID: SA11AI.13488 FL Southwest Ranches 33332 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1250.00 Name of Employer Occupation Champagne and Surin Attorney Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 1250 00 Other (specify) 3750.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the ITEMIZED RECEIPTS 11d **Detailed Summary Page** 13a 13b 14 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) **ACTBLUE** Date of Receipt Mailing Address PO BOX 441146 07 City State Zip Code Transaction ID: SA11AI.13488.0 MA 02144 SOMERVILLE FEC ID number of contributing Amount of Each Receipt this Period C00401224 federal political committee. 1250.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 41513.45 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) 0.00 SUBTOTAL of Receipts This Page (optional)..... 47175.00 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORM	IICK FOI	R CONGRESS, INC	
Full Name (Last, First, Middle Initial) AMERICA'S CREDIT UNIONS PAC OF	State DC	NATIONAL ASSOCIATION, INC. Zip Code	Date of Receipt 9 30 2025 Transaction ID: SA11C.13453 Amount of Each Receipt this Period
Name of Employer Receipt For: 2026	Occupation Election C	ycle-to-Date Tooloo	1000.00 Memo Item
Full Name (Last, First, Middle Initial) AMERICAN FEDERATION OF GOVT. EM Mailing Address 80 F STREET, NW City	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
WASHINGTON FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2026 Primary General	Occupation	ycle-to-Date	Amount of Each Receipt this Period 1500.00 Memo Item
Other (specify) ▼ Full Name (Last, First, Middle Initial) AMERICAN OPTOMETRIC ASSOCIATION Mailing Address 1505 PRINCE STREET SUITE 300		2500.00 CAL ACTION COMMITTEE	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ALEXANDRIA FEC ID number of contributing federal political committee.	State VA	Zip Code 22314 0024968	Transaction ID : SA11C.13455 Amount of Each Receipt this Period
Name of Employer Receipt For: 2026 ✓ Primary General Other (specify) ▼	Occupation Election C	ycle-to-Date 5000.00	2500.00 Memo Item
SUBTOTAL of Receipts This Page (optional))	5000.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 OF 168 (check only one) 11a
Any information copied from such Reports and sor for commercial purposes, other than using the			person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORN			
Full Name (Last, First, Middle Initial) AMERICANS FOR RESPONSIBLE INNOVATION Mailing Address 2001 Pennsylvania Ave NW Ste 520 City		AL ACTION COMMITTEE (ARI PAC	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Washington	State DC	20006	Transaction ID : SA11C.13450
FEC ID number of contributing federal political committee.	C co	0893883	Amount of Each Receipt this Period
Name of Employer	Occupation	1	2500.00
Receipt For: 2026 ☐ Primary ☐ General Other (specify) ▼	Election C	ycle-to-Date ▼ 2500.00	Memo Item
Full Name (Last, First, Middle Initial) AMERICAN SUGARBEET GROWERS A Mailing Address 1155 15TH STREET NW SUITE 1100	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City WASHINGTON	State	Zip Code 20005	Transaction ID : SA11C.13445
FEC ID number of contributing federal political committee.	C coo	0167684	Amount of Each Receipt this Period
Name of Employer	Occupation	1	1000.00
Receipt For: 2026 ☐ Primary ☐ General Other (specify) ▼	Election C	ycle-to-Date 1000.00	Memo Item
Full Name (Last, First, Middle Initial) AMERICAN SUGAR CANE LEAGUE OF I	USA INC PO	LITICAL ACTION COMMITTE	E Date of Receipt
Mailing Address P. O. DRAWER 938	State	Zip Code	07 08 2025
THIBODAUX	LA	70302	Transaction ID : SA11C.13444
FEC ID number of contributing federal political committee.	C co	0081414	Amount of Each Receipt this Period
Name of Employer	Occupation	1	3000.00
Receipt For: 2026 ☐ Primary ☐ General Other (specify) ▼	Election C	ycle-to-Date 3000.00	Memo Item
SUBTOTAL of Receipts This Page (optional)			6500.00

SCHEDULE A (FEC Form 3)		Lice concrete cohedula(s)	FOR LINE NUMBER: PAGE 31 OF 168
TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
TEMPLE RESERVE		Detailed Summary Page	12 13a 13b 14 15
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
/ SHEILA CHERFILUS MCCOR	MICK FO	R CONGRESS, INC	
Full Name (Last, First, Middle Initial) ANIMAL WELLNESS ACTION PAC			
Mailing Address 611 PENNSYLVANIA AVE.,	SE		Date of Receipt
#136	State	Zin Codo	07 30 2025
City WASHINGTON	DC	Zip Code 20003	Transaction ID : SA11C.13447
FEC ID number of contributing federal political committee.	C co	0679860	Amount of Each Receipt this Period
Name of Employer	Occupation	ו	1000.00
Receipt For: 2026	Election C	ycle-to-Date _	Memo Item
Primary General Other (specify) ▼		1000.00	1
☐ Other (specify) ▼		, , , , , , , , , , , , , , , , , , , ,	1
Full Name (Last, First, Middle Initial) NATIONAL ASSOCIATION OF REALTO	Date of Receipt		
Mailing Address 430 NORTH MICHIGAN AVE	09 / 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City CHICAGO	State IL	Zip Code 60611	Transaction ID : SA11C.13449
FEC ID number of contributing federal political committee.	C coo	0030718	Amount of Each Receipt this Period
			1000.00
Name of Employer	Occupation	1	
Receipt For: 2026	Election C	ycle-to-Date ▼	Memo Item
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial)			
REYNOLDS AMERICAN INC. POLITIC	AL ACTION	COMMITTEE; RAI PAC	Date of Receipt
Mailing Address P. O. BOX 718			08 06 2025
City	State	Zip Code	Transaction ID : SA11C.13448
WINSTON SALEM	NC	27102	
FEC ID number of contributing federal political committee.	C co	0042002	Amount of Each Receipt this Period
Name of Employer	Occupation	1	2500.00
Receipt For: 2026	Election C	ycle-to-Date _	Memo Item
Primary General Other (specify) ▼		2500.00	1
Other (specify)		2300.00	1
SURTOTAL of Receipts This Page (optional)	,		4500.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 OF 168 (check only one) 11a 11b X 11c 11d 12 13a 13b 14 15
Any information copied from such Reports and S or for commercial purposes, other than using the			person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORN			
Full Name (Last, First, Middle Initial) SEIU COPE (SERVICE EMPLOYEES INTERNATION.	AL UNION COM	MITTEE ON POLITICAL EDUCATION	Date of Receipt
Mailing Address 1800 MASSACHUSETTS AVE		09 11 2025	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SA11C.13504
FEC ID number of contributing federal political committee.	C co	0004036	Amount of Each Receipt this Period
Name of Employer	Occupation	1	2500.00
Receipt For: 2026 ☐ Primary ☐ General Other (specify) ▼	Election Cy	ycle-to-Date 2500.00	Memo Item
Full Name (Last, First, Middle Initial) ACTBLUE Mailing Address PO BOX 441146	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City SOMERVILLE	State MA	Zip Code 02144	09 11 2025 Transaction ID : SA11C.13504.0
FEC ID number of contributing federal political committee.	C coo)401224	Amount of Each Receipt this Period
Name of Employer	Occupation	1	2500.00
Receipt For: 2026 ☐ Primary ☐ General Other (specify) ▼	Election C	ycle-to-Date ▼ 51098.45	× Memo Item
Full Name (Last, First, Middle Initial) TRANSPORT WORKERS UNION OF AMERIC Mailing Address	CA POLITICA	L CONTRIBUTIONS COMMITTE	E Date of Receipt
Mailing Address 1220 19TH ST. NW STE 600			07 16 / Y Y Y Y Y Y
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SA11C.13446
FEC ID number of contributing federal political committee.	C co	0008268	Amount of Each Receipt this Period
Name of Employer	Occupation	1	1000.00
Receipt For: 2026 ✓ Primary General Other (specify) ▼	Election C	ycle-to-Date Tooloo	Memo Item
			3500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

19500.00

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SCHEDULE A (FEC Form 3)			FOR LINE NUMBER: PAGE 33 OF 168
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Any information copied from such Reports and	I Statements m	I nay not be sold or used by any	12 13a 13b X 14 15 person for the purpose of soliciting contributions
			tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
\nearrow SHEILA CHERFILUS MCCOR	MICK FOR	R CONGRESS, INC	
Full Name (Last, First, Middle Initial)			
A. Amtrak			Date of Receipt
Mailing Address 1 Massachusetts Ave NW	M M / D D / Y Y Y Y		
City	State	Zip Code	07 21 2025
Washington	DC	20001	Transaction ID : SA14.13399
FEC ID number of contributing			Assessed of Early Provided this Ported
federal political committee.	C		Amount of Each Receipt this Period
Name of Employer	Occupation	1	528.00
Name of Employer	Оооириног	•	
Receipt For: 2026	Election C	ycle-to-Date _	Memo Item
Primary General		656.00	1
Other (specify) ▼		656.00	
Full Name (Last, First, Middle Initial)			
3			Date of Receipt
Mailing Address	M M / D D / Y Y Y Y		
City	State	Zip Code	_
City	State	Zip Code	
FEC ID number of contributing			
federal political committee.	C		Amount of Each Receipt this Period
Name of Employer	Occupation	<u> </u>	
Name of Employer	Occupation	I	7 7
Receipt For:	Election C	ycle-to-Date _	Memo Item
Primary General		• • • • • • •	1
Other (specify) ▼		7	
Full Name (Last, First, Middle Initial)			
an Name (East, First, Middle Initial)			Date of Receipt
Mailing Address			M M / D D / Y Y Y Y
Oib.	04-4-	7:- 0-4-	_
City	State	Zip Code	
FEC ID number of contributing			
federal political committee.	C		Amount of Each Receipt this Period
Name of Foodland	0		
Name of Employer	Occupation	I	
Receipt For:	Election C	ycle-to-Date _	Memo Item
Primary General		· · · · · · · · · · ·	_
Other (specify) ▼		7]
			520,00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

528.00

168 PAGE 34 FOR LINE NUMBER: (check only one) X 17 18 19a 20a 20b 20c 21

Use separate schedule(s) for each category of the ITEMIZED DISBURSEMENTS 19b Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Date of Disbursement A. Actblue Technical Services 2025 28 Mailing Address PO Box 962017 City State Zip Code **FEC Identification Number** MA **Boston** 02196 Purpose of Disbursement Credit Card Processing Fee Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 101.92 Office Sought: House Senate Primary General Transaction ID: SB17.13592 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) B. Actblue Technical Services Date of Disbursement Mailing Address PO Box 962017 2025 08 City State Zip Code **FEC Identification Number Boston** MA 02196 Purpose of Disbursement Credit Card Processing Fee Candidate Name Amount of Each Disbursement this Period Category/ Type 237.02 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13593 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Actblue Technical Services Mailing Address PO Box 962017 80 2025 City State Zip Code **FEC Identification Number Boston** MΑ 02196 Purpose of Disbursement Credit Card Processing Fee Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 186.65 Office Sought: House General Senate Primary Transaction ID: SB17.13594 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 525.59 TOTAL This Period (last page this line number only).....

168 **PAGE** 35 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Date of Disbursement A. Actblue Technical Services 2025 Mailing Address PO Box 962017 18 City State Zip Code **FEC Identification Number** MA **Boston** 02196 Purpose of Disbursement Credit Card Processing Fee Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 167.88 Office Sought: House Senate Primary General Transaction ID: SB17.13595 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) B. Actblue Technical Services Date of Disbursement Mailing Address PO Box 962017 2025 08 City State Zip Code **FEC Identification Number Boston** MA 02196 Purpose of Disbursement Credit Card Processing Fee Candidate Name Amount of Each Disbursement this Period Category/ Type 13.05 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13596 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Actblue Technical Services Mailing Address PO Box 962017 09 08 2025 City State Zip Code **FEC Identification Number Boston** MΑ 02196 Purpose of Disbursement Credit Card Processing Fee Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 0.20 Office Sought: House General Senate Primary Transaction ID: SB17.13597 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 181.13 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

168 **PAGE** 36 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c

19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Date of Disbursement Actblue Technical Services 2025 Mailing Address PO Box 962017 15 City State Zip Code **FEC Identification Number** MA **Boston** 02196 Purpose of Disbursement Credit Card Processing Fee Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 98.75 Office Sought: House Senate Primary General Transaction ID: SB17.13598 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) B. Actblue Technical Services Date of Disbursement Mailing Address PO Box 962017 2025 09 City State Zip Code **FEC Identification Number Boston** MA 02196 Purpose of Disbursement Credit Card Processing Fee Candidate Name Amount of Each Disbursement this Period Category/ Type 0.08 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13599 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Actblue Technical Services Mailing Address PO Box 962017 09 29 2025 City State Zip Code **FEC Identification Number Boston** MΑ 02196 Purpose of Disbursement Credit Card Processing Fee Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 279.56 Office Sought: House General Senate Primary Transaction ID: SB17.13600 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 378.39 TOTAL This Period (last page this line number only).....

168 PAGE 37 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

ITEMIZED DISBURSEMENTS 19b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Date of Disbursement Actblue Technical Services 2025 30 Mailing Address PO Box 962017 City State Zip Code **FEC Identification Number** MA **Boston** 02196 Purpose of Disbursement Credit Card Processing Feec Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 37.45 Office Sought: House Senate Primary General Transaction ID: SB17.13601 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) B. Air Canada Date of Disbursement Mailing Address 1133 Avenue of the Americas 2025 09 City State Zip Code **FEC Identification Number** New York NY 10036 Purpose of Disbursement Travel Expense Candidate Name Amount of Each Disbursement this Period Category/ Type 731.51 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13662 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Air Canada Mailing Address 1133 Avenue of the Americas 09 29 2025 City State Zip Code **FEC Identification Number** New York NY 10036 Purpose of Disbursement Travel Expense Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 731.51 Office Sought: House General Senate Primary Transaction ID: SB17.13664 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 1500.47 TOTAL This Period (last page this line number only).....

168 **PAGE** 38 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Date of Disbursement A. Amazon 2025 Mailing Address 440 Terry Ave North City State Zip Code **FEC Identification Number** WA Seatle 98109 Purpose of Disbursement Office Supplies Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 27.34 Office Sought: House Senate Primary General Transaction ID: SB17.13639 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) Date of Disbursement B. Amazon Mailing Address 440 Terry Ave North 2025 09 City State Zip Code **FEC Identification Number** Seatle WA 98109 Purpose of Disbursement Office Supplies Candidate Name Amount of Each Disbursement this Period Category/ Type 132.47 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13640 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Amtrak Mailing Address 1 Massachusetts Ave NW 07 18 2025 City State Zip Code **FEC Identification Number** Washington DC 20001 Purpose of Disbursement Travel Expense Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 528.00 Office Sought: House General Senate Primary Transaction ID: SB17.13652 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 687.81 TOTAL This Period (last page this line number only).....

168 **PAGE** 39 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Date of Disbursement A. Angerholzer Broz Consulting 2025 Mailing Address 1 M Street SE Suite 275 City State Zip Code **FEC Identification Number** DC Washington 20003 Purpose of Disbursement Fundraising and Compliance Consulting Fee Candidate Name Amount of Each Disbursement this Period Category/ Type 10000.00 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13626 Other (specify) President Memo Item District: State: Full Name (Last, First, Middle Initial) B. Angerholzer Broz Consulting Date of Disbursement Mailing Address 1 M Street SE 2025 09 Suite 275 City State Zip Code **FEC Identification Number** DC Washington 20003 Purpose of Disbursement Fundraising and Compliance Consulting Fee Candidate Name Amount of Each Disbursement this Period Category/ Type 5873.03 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13629 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Angerholzer Broz Consulting Mailing Address 1 M Street SE 09 2025 Suite 275 City State Zip Code **FEC Identification Number** Washington DC 20003 Purpose of Disbursement Fundraising and Compliance Consulting Fee Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 4126.97 Office Sought: House Senate Primary General Transaction ID: SB17.13630 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 20000.00 TOTAL This Period (last page this line number only).....

168 PAGE 40 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

ITEMIZED DISBURSEMENTS 19b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Date of Disbursement A. Broward County AFL-CIO 2025 Mailing Address 1700 NW 66th Ave #100 15 State City Zip Code **FEC Identification Number** FL **Plantation** 33313 Purpose of Disbursement **Event Tickets** Candidate Name Amount of Each Disbursement this Period Category/ Type 2059.08 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13613 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) B. Cafe Fiorello Date of Disbursement Mailing Address 1001 Pennsylvania Ave NW 2025 City State Zip Code **FEC Identification Number** DC Washington 20004 Purpose of Disbursement **Event Catering** Candidate Name Amount of Each Disbursement this Period Category/ Type 934.70 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13611 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Congressional Black Caucus Foundation Mailing Address 1225 I St NW 09 19 2025 City State Zip Code **FEC Identification Number** Washington DC 20005 Purpose of Disbursement **Event Tickets** Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 400.00 Office Sought: House General Senate Primary Transaction ID: SB17.13615 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 3393.78 TOTAL This Period (last page this line number only).....

168 PAGE 41 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Date of Disbursement Congressional Black Caucus Foundation 2025 Mailing Address 1225 I St NW 19 State City Zip Code **FEC Identification Number** DC Washington 20005 Purpose of Disbursement **Event Tickets** Candidate Name Amount of Each Disbursement this Period Category/ Type 1200.00 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13617 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) B. Creative Network Media LLC Date of Disbursement Mailing Address 1409 NW 6th St 20 2025 08 Suite 400 City State Zip Code **FEC Identification Number** Ft Lauderdale 33311 Purpose of Disbursement Social Media Consulting Candidate Name Amount of Each Disbursement this Period Category/ Type 1050.00 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13647 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Democracy Engine LLC Mailing Address 416 Florida Ave NW #26418 07 09 2025 City State Zip Code **FEC Identification Number** Washington DC 20001 Purpose of Disbursement Credit Card Processing Fee Candidate Name Amount of Each Disbursement this Period Category/ Type 0.10 Office Sought: Disbursement For: 2026 House General Senate Primary Transaction ID: SB17.13585 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 2250.10 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

168 **PAGE** 42 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

19b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Date of Disbursement A. Democracy Engine LLC 08 2025 Mailing Address 416 Florida Ave NW #26418 City State Zip Code **FEC Identification Number** DC Washington 20001 Purpose of Disbursement C Credit Card Processing Fee Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 13.00 Office Sought: House Senate Primary General Transaction ID: SB17.13602 Other (specify) President Memo Item District: State: Full Name (Last, First, Middle Initial) B. Democracy Engine LLC Date of Disbursement Mailing Address 416 Florida Ave NW #26418 05 2025 09 City State Zip Code **FEC Identification Number** DC Washington 20001 Purpose of Disbursement Credit Card Processing Fee Candidate Name Amount of Each Disbursement this Period Category/ Type 12.75 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13603 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Harbor View Hotel Mailing Address 131 N Water St 07 2025 City State Zip Code **FEC Identification Number** 02539 Edgartown MΑ Purpose of Disbursement Travel Expense Candidate Name Amount of Each Disbursement this Period Category/ Type 6500.26 Office Sought: Disbursement For: 2026 House General Senate Primary Transaction ID: SB17.13653 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 6526.01 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

168 **PAGE** 43 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

19b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Date of Disbursement A. Harbor View Hotel 2025 Mailing Address 131 N Water St 19 State City Zip Code **FEC Identification Number** MA Edgartown 02539 Purpose of Disbursement Travel Expense Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 629.32 Office Sought: House Senate Primary General Transaction ID: SB17.13658 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) B. JETBLUE Date of Disbursement Mailing Address 2701 Queen Plaza North 2025 15 08 City State Zip Code **FEC Identification Number** Queens NY 11101 Purpose of Disbursement Travel Expense Candidate Name Amount of Each Disbursement this Period Category/ Type 968.57 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13656 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. JETBLUE Mailing Address 2701 Queen Plaza North 80 15 2025 City State Zip Code **FEC Identification Number** Queens NY 11101 Purpose of Disbursement Travel Expense Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 968.57 Office Sought: House General Senate Primary Transaction ID: SB17.13657 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 2566.46 TOTAL This Period (last page this line number only).....

168 PAGE 44 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

ITEMIZED DISBURSEMENTS 19b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Date of Disbursement A. Jules, Mahogany, , , 2025 Mailing Address 273 W New England 13 Unit 11 State City Zip Code **FEC Identification Number** FL Winter Park 32789 Purpose of Disbursement Internship Stipend Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 575.00 Office Sought: House Senate Primary General Transaction ID: SB17.13631 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) B. L'Union Suite Date of Disbursement Mailing Address 300 SE 2nd St 26 2025 09 Suite 600 City State Zip Code **FEC Identification Number** Ft Lauderdale FL 33301 Purpose of Disbursement Advertisement Candidate Name Amount of Each Disbursement this Period Category/ Type 1300.00 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13577 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailchimp Mailing Address 675 Ponce De Leon Ave NE 07 07 2025 Ste 5000 City State Zip Code **FEC Identification Number** Atlanta GΑ 30308 Purpose of Disbursement **Email Service** Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 100.00 Office Sought: House General Senate Primary Transaction ID: SB17.13608 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 1975.00 TOTAL This Period (last page this line number only).....

168 **PAGE** 45 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Date of Disbursement A. Mailchimp 08 2025 04 Mailing Address 675 Ponce De Leon Ave NE Ste 5000 State City Zip Code **FEC Identification Number** GA Atlanta 30308 Purpose of Disbursement **Email Service** Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 100.00 Office Sought: House Senate Primary General Transaction ID: SB17.13609 Other (specify) President Memo Item District: State: Full Name (Last, First, Middle Initial) Date of Disbursement B. Mailchimp Mailing Address 2025 675 Ponce De Leon Ave NE 09 Ste 5000 City State Zip Code **FEC Identification Number** Atlanta GA 30308 Purpose of Disbursement **Email Service** Candidate Name Amount of Each Disbursement this Period Category/ Type 100.00 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13610 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mauricio Pereia de Barros Mailing Address 20801 NW 2nd St 07 29 2025 City State Zip Code **FEC Identification Number** FL Pembroke Pines 33029 Purpose of Disbursement Travel Expense Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 640.00 Office Sought: House General Senate Primary Transaction ID: SB17.13655 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 840.00 TOTAL This Period (last page this line number only).....

168 **PAGE** 46 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Date of Disbursement National Democratic Club 2025 Mailing Address 30 Ivy St SE City State Zip Code **FEC Identification Number** DC Washington 20003 Purpose of Disbursement C Food and Meals Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 129.88 Office Sought: House Senate Primary General Transaction ID: SB17.13623 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) B. NGP Van Date of Disbursement Mailing Address 655 15th Street NW Suite 650 03 2025 City State Zip Code **FEC Identification Number** DC Washington 20005 Purpose of Disbursement Campaign Software Candidate Name Amount of Each Disbursement this Period Category/ Type 650.00 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13583 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. NGP Van Mailing Address 655 15th Street NW Suite 650 80 2025 City State Zip Code **FEC Identification Number** Washington DC 20005 Purpose of Disbursement Campaign Software Candidate Name Amount of Each Disbursement this Period Category/ Type 650.00 Office Sought: Disbursement For: 2026 House General Senate Primary Transaction ID: SB17.13584 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 1429.88 TOTAL This Period (last page this line number only).....

168 PAGE 47 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Date of Disbursement A. Sir Stor-A-Lot Self Storage 2025 Mailing Address 1973 S State Rd 7 State City Zip Code **FEC Identification Number** FL West Park 33023 Purpose of Disbursement Storage Unit Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 459.57 Office Sought: House Senate Primary General Transaction ID: SB17.13649 Other (specify) President Memo Item District: State: Full Name (Last, First, Middle Initial) B. Sir Stor-A-Lot Self Storage Date of Disbursement Mailing Address 1973 S State Rd 7 26 2025 08 City State Zip Code **FEC Identification Number** West Park FΙ 33023 Purpose of Disbursement Storage Unit Candidate Name Amount of Each Disbursement this Period Category/ Type 479.57 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13650 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. The Westin DC Downtown Mailing Address 999 9th St NW 09 29 2025 City State Zip Code **FEC Identification Number** Washington DC 20001 Purpose of Disbursement Travel Expense Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 1147.07 Office Sought: House General Senate Primary Transaction ID: SB17.13659 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 2086.21 TOTAL This Period (last page this line number only).....

168 PAGE 48 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Date of Disbursement The Westin DC Downtown 2025 09 Mailing Address 999 9th St NW City State Zip Code **FEC Identification Number** DC Washington 20001 Purpose of Disbursement Travel Expense Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 289.26 Office Sought: House Senate Primary General Transaction ID: SB17.13661 Other (specify) President Memo Item District: State: Full Name (Last, First, Middle Initial) B. The Westin DC Downtown Date of Disbursement Mailing Address 999 9th St NW 2025 09 City State Zip Code **FEC Identification Number** DC Washington 20001 Purpose of Disbursement Travel Expense Candidate Name Amount of Each Disbursement this Period Category/ Type 867.31 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13665 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Truist Mailing Address 3401 N Pine Island 07 2025 City State Zip Code **FEC Identification Number** FL Sunrise 33351 Purpose of Disbursement Bank Fee Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 32.00 Office Sought: House General Senate Primary Transaction ID: SB17.13580 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 1188.57 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

168 PAGE 49 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c

19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Date of Disbursement A. Truist 2025 Mailing Address 3401 N Pine Island State City Zip Code **FEC Identification Number** FL Sunrise 33351 Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 12.00 Office Sought: House Senate Primary General Transaction ID: SB17.13581 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) Date of Disbursement **B.** Truist Mailing Address 3401 N Pine Island 2025 09 City State Zip Code **FEC Identification Number** Sunrise FL 33351 Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type 44.00 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13582 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Turo Mailing Address 111 Sutter St 07 07 2025 Floor 12 City State Zip Code **FEC Identification Number** San Francisco CA 94104 Purpose of Disbursement Travel Expense Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 436.17 Office Sought: House General Senate Primary Transaction ID: SB17.13651 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 492.17 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

168 PAGE 50 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c

19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Date of Disbursement Vona B. Productions 2025 09 26 Mailing Address State City Zip Code **FEC Identification Number** DC Washington 20001 Purpose of Disbursement C Videography Candidate Name Amount of Each Disbursement this Period Category/ Type 2499.00 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13666 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) **B.** Walmart Date of Disbursement Mailing Address 702 SW 8th St 03 2025 City State Zip Code **FEC Identification Number** Bentonville AR 72716 Purpose of Disbursement Office Supplies Candidate Name Amount of Each Disbursement this Period Category/ Type 24.88 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13634 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Walmart Mailing Address 702 SW 8th St 09 2025 City State Zip Code **FEC Identification Number** Bentonville AR 72716 Purpose of Disbursement Office Supplies Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 85.09 Office Sought: House General Senate Primary Transaction ID: SB17.13641 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 2608.97 TOTAL This Period (last page this line number only).....

168 PAGE 51 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

ITEMIZED DISBURSEMENTS 19b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Date of Disbursement Wix 2025 15 Mailing Address 500 Tery A Francois Blvd Fl 6 City State Zip Code **FEC Identification Number** CA San Francisco 94158 Purpose of Disbursement Website Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 36.00 Office Sought: House Senate Primary General Transaction ID: SB17.13669 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) Date of Disbursement B. Wix Mailing Address 500 Tery A Francois Blvd FI 6 2025 09 City State Zip Code **FEC Identification Number** San Francisco 94158 Purpose of Disbursement Website Candidate Name Amount of Each Disbursement this Period Category/ Type 36.00 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13670 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Wong, Ashley, , , Mailing Address 75 N Woodward Ave 09 08 2025 City State Zip Code **FEC Identification Number** Tallahassee FL 32304 Purpose of Disbursement Internship Stipend Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 575.00 Office Sought: House General Senate Primary Transaction ID: SB17.13678 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 647.00 TOTAL This Period (last page this line number only).....

168 PAGE 52 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Date of Disbursement A. Zeffy 2025 09 Mailing Address 2915 Ogletown Rd City State Zip Code **FEC Identification Number** DE Newark 19713 Purpose of Disbursement **Event Tickets** Candidate Name Amount of Each Disbursement this Period Category/ Type 500.00 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13618 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 500.00 TOTAL This Period (last page this line number only)..... 49777.54

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 OF 168 (check only one)
Any information copied from such Reports and Statements or for commercial purposes, other than using the name an		
NAME OF COMMITTEE (In Full)	a address of any political commit	too to solion commissions from saon committee.
SHEILA CHERFILUS MCCORMICK F	OR CONGRESS, INC	
Full Name (Last, First, Middle Initial) A. CHERFILUS-MCCORMICK, SHEILA,	, ,	Date of Disbursement
Mailing Address 18612 SW 41ST STREET		07 31 2025
City State MIRAMAR FL	Zip Code 33029	FEC Identification Number
Purpose of Disbursement Repayment of Member's Campaign Loan		C H8FL20032
Candidate Name	Category Type	/ Amount of Each Disbursement this Period
Office Sought: House Disbursement F		2900.00 Transaction ID : SB19A.13672 Memo Item
Full Name (Last, First, Middle Initial) 3. CHERFILUS-MCCORMICK, SHEILA, Mailing Address 18612 SW 41ST STREET	, ,	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State MIRAMAR FL	Zip Code 33029	FEC Identification Number
Purpose of Disbursement Repayment of Member's Campaign Loan		C H8FL20032
Candidate Name	Category Type	/ Amount of Each Disbursement this Period
Office Sought: House Disbursement F	or: 2022	Transaction ID : SB19A.13673 Memo Item
Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City State	Zip Code	FEC Identification Number
Purpose of Disbursement		C
Candidate Name	Category Type	/ Amount of Each Disbursement this Period
Office Sought: House Disbursement F Senate Prima President Other		Memo Item
State: District:	•	Mellio Relli
SUBTOTAL of Disbursements This Page (optional)		▶ 5800.00

TOTAL This Period (last page this line number only).....

5800.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE	PAGE	54	OF	168		
Use separate schedule(s)	(check onl						
for each category of the Detailed Summary Page		17	18		19a		19b
Detailed Suffiffiary 1 age	X	20a	20b		20c		21
. and he could be seen the construction of a limiting condition.							

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Date of Disbursement A. Nebu, Chacko, , , 2025 Mailing Address 7025 Oleander Ave State City Zip Code FEC Identification Number FL Port St Lucie 34952 Purpose of Disbursement Refund Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 500.00 Office Sought: House Senate Primary X General Transaction ID: SB20A.13671 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: House Senate Primary General Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C.

Mailing Address						M M / D D / Y Y Y
City		Sta	ite	Zip Code		FEC Identification Number
Purpose of Disbu	ursement	,				C
Candidate Name					Category/ Type	Amount of Each Disbursement this Period
Office Sought: State:	House Senate President District:		nt For: imary her (speci	General (fy) ▼		Memo Item
SUBTOTAL of Dis	sbursements This Pa	ge (optional)				500.00

TOTAL This Period (last page this line number only).....

500.00

168 PAGE 55 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 17 18 19a 19b Detailed Summary Page **X** 21 20a 20b 20c

ITEMIZED DISBURSEMENTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Date of Disbursement Broward Democratic Senior Caucus of Florida 2025 Mailing Address PO Box 452255 15 State City Zip Code **FEC Identification Number** FL Sunrise 33345 Purpose of Disbursement Donation Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 300.00 Office Sought: House Senate Primary General Transaction ID: SB21.13606 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) B. Florida Democratic Party Date of Disbursement Mailing Address 201 South Monroe Street, Suite 300 2025 City State Zip Code **FEC Identification Number** Tallahassee 32301 Purpose of Disbursement **Political Contribution** Candidate Name Amount of Each Disbursement this Period Category/ Type 550.00 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB21.13682 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Plantation Democratic Club Mailing Address 5701 Cypress Rd 09 19 2025 City State Zip Code **FEC Identification Number** Plantation FL 33317 Purpose of Disbursement Donation Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 600.00 Office Sought: House General Senate Primary Transaction ID: SB21.13607 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 1450.00 TOTAL This Period (last page this line number only)..... 1450.00

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one)

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OF

		100	
NAME OF COMMITTEE (In Full)	/ FOD OONODE	Transaction ID : SC/10.6489	
SHEILA CHERFILUS MCCORMICK		·	
LOAN SOURCE Full Name (Last, First, CHERFILUS-MCCORMICK, S	☐ Memo Item		
· ·	General St. Others (constitution)		
Mailing Address 18612 SW 41ST STREET			
City	State	ZIP Code X Personal Funds of the Candidate	
MIRAMAR	FL	33029	
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period	
7.00		0.00 7.00	
TERMS Date Incurred		Oate Due Interest Rate Secured: (If none, enter 0)	
06 01 / Y Y Y Y Y Y	M M / D D	/ 01/13/2023 O.00	
List All Endorsers or Guarantors (if an	y) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	City State ZIP Code Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	e ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	'	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	e ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (option	nal)	7.00	
TOTALS This Period (last page in this line	only)	······································	
Carry outstanding balance only to LINE 3,	Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 57
FOR LINE NUMBER: (check only one)

13a 13b

OF

				135	
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMIC	CK FOR CO	NGRESS.		ction ID : SC/10.6490	
LOAN SOURCE Full Name (Last, Firs		•	Memo Item	Election: 2022	
CHERFILUS-MCCORMICK,	Primary General				
Mailing Address 18612 SW 41ST STREET	Other (specify) ▼ Special-Primary				
City					
MIRAMAR	FL	330	J29	Personal Funds of the Candidate	
Original Amount of Loan	Cumula	tive Payment	To Date Bala	ance Outstanding at Close of This Period	
100000.00		,	78400.00	21600.00	
TERMS Date Incurred		Date D	ue Interest Rate (If none, ente		
M 06	M M /	D D /	01/13/2023	00 % (apr) Yes No	
List All Endorsers or Guarantors (if	any) to Loan S	Source			
1. Full Name (Last, First, Middle Initia	al)		Name of Employer		
Mailing Address			Occupation		
			Amount		
City	ty State ZIP Code Guaranteed Outstanding:			y y w	
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address			Occupation		
			Amount		
City	ate ZIP C	ode	Guaranteed Outstanding:	9 9	
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
			Amount		
City	ate ZIP C	ode	Guaranteed Outstanding:	9 9	
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
			Amount		
City	ate ZIP C	ode	Guaranteed Outstanding:	9 1 9 1 9 1	
SUBTOTALS This Period This Page (opti	onal)			21600.00	
TOTALS This Period (last page in this lin				2100.00	
TOTALO TINO FENOU (Idol page III tino III)	G Offig)		•	, , , , , , , , , , , , , , , , , , ,	
Carry outstanding balance only to LINE	3, Schedule D,	for this line.	If no Schedule D, carry for	ward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER:
(check only one)

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	13b

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Transaction ID: SC/10.6491 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 200000.00 2019568.50 -1819568.50**TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 01/13/2023 06 2021 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... - 1819568.50 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one)

13a 13b

OF

NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORM	/IICK F(OR CONGRE	SS, IN		ction ID : SC/10.6492	
LOAN SOURCE Full Name (Last, F CHERFILUS-MCCORMIC	Election: 2022 Primary General					
Mailing Address 18612 SW 41ST STREET	Other (specify) ▼ Special-Primary					
City State ZIP Code MIRAMAR FL 33029				de	Personal Funds of the Candidate	
Original Amount of Loan		Cumulative Pay	ment To	Date Bal	ance Outstanding at Close of This Period	
2000000.	00	7		0.00	2000000.00	
TERMS Date Incurred		D	ate Due	Interest Rat (If none, ente		
06 / 24 / Y Y Y Y Y	Y	M M / D D	/ Y 01	/13/2023 0	.00 % (apr) Yes No	
List All Endorsers or Guarantors (if any) to	Loan Source				
1. Full Name (Last, First, Middle In	nitial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code Amount Guaranteed Outstanding:			9	
2. Full Name (Last, First, Middle Init	tial)			Name of Employer		
Mailing Address				Occupation		
				Amount Guaranteed		
City	State	ZIP Code		Outstanding:	9 9	
3. Full Name (Last, First, Middle Init	tial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed		
_		Zii Gode		Outstanding:	7	
4. Full Name (Last, First, Middle Ini	tiai)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	, , , , , , , ,	
SUBTOTALS This Period This Page (o	ptional)				2000000.00	
TOTALS This Period (last page in this					, , , , , , , , , , , , , , , , , , , ,	
Carry outstanding balance only to LIN	IE 3. Sch	edule D. for this	line. If	no Schedule D. carry for	ward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 60
FOR LINE NUMBER: (check only one)

13a 13b

OF

		100					
NAME OF COMMITTEE (In Full)		Transaction ID : SC/10.7308					
SHEILA CHERFILUS MCCORMICK		·					
LOAN SOURCE Full Name (Last, First, M	☐ Memo Item						
•	CHERFILUS-MCCORMICK, SHEILA, , ,						
Mailing Address 18612 SW 41ST STREET							
City							
MIRAMAR	FL	33029 Personal Funds of the Candidate					
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period					
5000.00		0.00 5000.00					
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)					
07 08 Y Y Y Y Y Y Y Y Y	M M / D D	/ 12/31/2025 0.00 % (apr) Yes X No					
List All Endorsers or Guarantors (if any)	to Loan Source						
1. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
		Amount					
City	ZIP Code	Guaranteed Outstanding:					
2. Full Name (Last, First, Middle Initial)	<u>'</u>	Name of Employer					
Mailing Address		Occupation					
		Amount					
City	ZIP Code	Guaranteed Outstanding:					
3. Full Name (Last, First, Middle Initial)	'	Name of Employer					
Mailing Address		Occupation					
		Amount					
City	ZIP Code	Guaranteed Outstanding:					
4. Full Name (Last, First, Middle Initial)	'	Name of Employer					
Mailing Address		Occupation					
		Amount					
City	ZIP Code	Guaranteed Outstanding:					
SUBTOTALS This Period This Page (optional)	5000.00					
TOTALS This Period (last page in this line or	nly)	······					
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.					

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 61 OF FOR LINE NUMBER: **X** | 13a (check only one)

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13b Transaction ID: SC/10.7309 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General X Other (specify) Mailing Address 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 25000.00 0.00 25000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 12/31/2025 07 2021 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 25000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 62
FOR LINE NUMBER: (check only one)

13a 13b

OF

		100		
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICI	K FOR CONGRE	Transaction ID : SC/10.7310		
LOAN SOURCE Full Name (Last, First,		Floation: 2000		
CHERFILUS-MCCORMICK,	Memo Item Primary General			
Mailing Address 18612 SW 41ST STREET	Other (specify) ▼ Special-Primary			
City				
MIRAMAR	FL	33029 Personal Funds of the Candidate		
Original Amount of Loan	Cumulative Pay	yment To Date Balance Outstanding at Close of This Period		
25000.00		0.00 25000.00		
TERMS Date Incurred	С	late Due Interest Rate Secured: (If none, enter 0)		
07	M M / D D	/ 12/31/2025		
List All Endorsers or Guarantors (if ar	ny) to Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	City State ZIP Code Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	·	Name of Employer		
Mailing Address		Occupation		
		Amount		
City	e ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	e ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	e ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (option		05000.00		
The First Chou This Fage (Option		25000.00		
TOTALS This Period (last page in this line	only)	······································		
Carry outstanding balance only to LINE 3,	Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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Transaction ID: SC/10.7311 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 150000.00 0.00 150000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 07 2021 12/31/2025 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 150000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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13b Transaction ID: SC/10.7312 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General X Other (specify) Mailing Address 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 45000.00 0.00 45000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 12/31/2025 07 2021 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 45000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

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	13b

NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC							
LOAN SOURCE Full Name (Last, First, Mi				Election: 2022			
CHERFILUS-MCCORMICK, SH	_ weine item						
Mailing Address 18612 SW 41ST STREET				General ✓ Other (specify) ▼ Special-Primary			
City	State	ZIP Co	de				
MIRAMAR	FL	33029		Personal Funds of the Candidate			
Original Amount of Loan	Cumulative Pay	yment To	Date Ba	lance Outstanding at Close of This Period			
60000.00			0.00	60000.00			
TERMS Date Incurred	C	ate Due	Interest Ra				
M 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ Y	V V V	0.00 % (apr) Yes No			
List All Endorsers or Guarantors (if any)	to Loan Source						
1. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
			Amount				
City	ZIP Code		Guaranteed Outstanding:	7 7			
2. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
			Amount				
City	ZIP Code		Guaranteed Outstanding:	9 9			
3. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
			Amount				
City	ZIP Code		Guaranteed Outstanding:	9 9			
4. Full Name (Last, First, Middle Initial)	'		Name of Employer				
Mailing Address			Occupation				
			Amount				
City State	ZIP Code		Guaranteed Outstanding:	7 7 7			
SUBTOTALS This Period This Page (optional)	SUBTOTALS This Period This Page (optional)						
TOTALS This Period (last page in this line only)							
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	s line. If	no Schedule D, carry for	ward to appropriate line of Summary.			

Use separate schedule(s) for each category of the Detailed Summary Page

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13b Transaction ID: SC/10.7314 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 22368.38 0.00 22368.38 **TERMS** Date Due Interest Rate Secured: Date Incurred (If none, enter 0) 05 0.00 08 2021 12/31/2025 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 22368.38 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER:
(check only one)

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Mailing Address 18612 SW 41ST STREET	,	⊏IL/N, , ,	LOAN SOURCE Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,					
Dity				General ✓ Other (specify) ▼ Special-Primary				
City		State	ZIP Code	Personal Funds of the Candidate				
MIRAMAR FL 3		33029						
Original Amount of Loan	50000.00	Cumulative Pay		alance Outstanding at Close of This Period				
50000.00		0.00	0.00 50000.00					
TERMS Date Incurred	RMS Date Incurred Date Due			e Interest Rate Secured: (If none, enter 0)				
08 / D D / Y	^Y 2021 Y	M M / D D	/ 12/31/2025 Y	0.00 % (apr) Yes X No				
List All Endorsers or Guara	antors (if any) to	o Loan Source						
1. Full Name (Last, First, M	liddle Initial)		Name of Employer	Name of Employer				
Mailing Address			Occupation	Occupation				
City	State	ZIP Code	Amount Guaranteed					
City	State	ZIP Code	Outstanding:	9 9				
2. Full Name (Last, First, Mi	ddle Initial)		Name of Employer					
Mailing Address		Occupation	Occupation					
City	Ctata	ZID Code	Amount Guaranteed					
City	State	ZIP Code	Outstanding:	9 9				
3. Full Name (Last, First, Mi	ddle Initial)		Name of Employer					
Mailing Address			Occupation	Occupation				
	la	T=15 0 .	Amount Guaranteed					
City	State	ZIP Code	Outstanding:	9 9				
4. Full Name (Last, First, Mi	ddle Initial)		Name of Employer					
Mailing Address			Occupation	Occupation				
		1	Amount					
City	State	ZIP Code	Guaranteed Outstanding:	9 9				
	'	'						
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TALS This Period (last page	in this line only	·) ······	······					

Use separate schedule(s) for each category of the Detailed Summary Page

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13b Transaction ID: SC/10.7316 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General X Other (specify) Mailing Address 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 08 2021 12/31/2025 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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13b Transaction ID: SC/10.7317 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General X Other (specify) Mailing Address 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 20000.00 0.00 20000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 18 0.00 08 12/31/2025 2021 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 20000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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							135
AME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORI	MICK F	OR CONGRE	ESS, IN	C	Transac	tion ID : SC/10.7318	
LOAN SOURCE Full Name (Last,					Mome Item	Election: 2022	
CHERFILUS-MCCORMICK, SHEILA, , ,				L	Memo Item	Primary General	
Mailing Address 18612 SW 41ST STREET				Other (specify) ▼ Special-Primary			
City		State ZIP Code		de		Personal Funds of the Candidat	
MIRAMAR		FL	33029			1 ersonal runds of the Candidate	
Original Amount of Loan	Original Amount of Loan Cumulative Payment 7			Date Balance Outstanding at Close of This Period			
40000.00				0.00 40000.00			
TERMS Date Incurred		D	ate Due Interest Rate Secured: (If none, enter 0)			Secured:	
M M / D D / Y Y Y Y M M / D D / Y 2021				2/31/25 ^Y	0.	00 % (apr)	Yes X No
List All Endorsers or Guarantors	(if any) t	o Loan Source					
1. Full Name (Last, First, Middle I	nitial)			Name of Employer			
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding		7	
2. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
				Amount Guaranteed Outstanding:			
City	State	ZIP Code					
3. Full Name (Last, First, Middle Initial)				Name of Employer			
Mailing Address				Occupation			
	1			Amount			
City	State	ZIP Code		Guaranteed Outstanding		7	
4. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
				Amount			
City	State	ZIP Code		Guaranteed Outstanding	. ——	7	
SUBTOTALS This Period This Page (ontional).						40000.00
TOTALS This Period (last page in this	s line only	y)			▶		
Carry outstanding balance only to LI	NE 3, Scl	nedule D, for this	s line. If	no Schedule	D, carry forv	vard to appropriate	line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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13b Transaction ID: SC/10.7319 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General X Other (specify) Mailing Address 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 52700.00 0.00 52700.00 **TERMS** Date Due Interest Rate Secured: Date Incurred (If none, enter 0) 23 0.00 08 12/31/25 2021 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 52700.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full) Transaction ID : SC/10.7320					
SHEILA CHERFILUS MCCORMICK FOR CONGR	ESS, INC				
LOAN SOURCE Full Name (Last, First, Middle Initial)					
CHERFILUS-MCCORMICK, SHEILA, , ,	Primary General				
Mailing Address 18612 SW 41ST STREET	Other (specify) ▼ Special-Primary				
City State	ZIP Code				
MIRAMAR FL	33029 Personal Funds of the Candidate				
Original Amount of Loan Cumulative F	syment To Date Balance Outstanding at Close of This Period				
20000.00	0.00 20000.00				
TERMS Date Incurred	Date Due Interest Rate Secured: (If none, enter 0)				
M M / D D / Y Y Y Y Y D M M / D	0.00 % (apr) Yes No				
List All Endorsers or Guarantors (if any) to Loan Source					
1. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional) 20000.00					
TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3, Schedule D, for t	is line. If no Schedule D, carry forward to appropriate line of Summary.				

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER:
(check only one)

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AME OF COMMITTEE (In Full)			CC IN	C	Transac	tion ID : SC/10.7321	
SHEILA CHERFILUS MCCORN LOAN SOURCE Full Name (Last, F			33, IIV			Election: 2022	
				L	Memo Item	Primary	
	CHERFILUS-MCCORMICK, SHEILA, , ,					General	
Mailing Address 18612 SW 41ST STREET						Special-Primary	→
City		State	ZIP Co	de		N	
MIRAMAR		FL	33029			Personal Fur	ds of the Candidate
Original Amount of Loan		Cumulative Pay	ment To	Date	Bala	nce Outstanding at	Close of This Period
23000.	00	,	,	0.0	00	· • • • • • • • • • • • • • • • • • • •	23000.00
TERMS Date Incurred		D	ate Due		Interest Rate (If none, enter		Secured:
M M / D D / Y Y Y Y Y 2021	Y	M M / D D	/ Y	2/31/25 Y	0.0	00 % (apr)	Yes X No
List All Endorsers or Guarantors (if any) to	Loan Source					
1. Full Name (Last, First, Middle In	itial)			Name of E	mployer		
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding		, ,	
2. Full Name (Last, First, Middle Ini	tial)			Name of Employer			
Mailing Address	Mailing Address			Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding		, , ,	
3. Full Name (Last, First, Middle Init	tial)			Name of E	mployer		
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding		7	
4. Full Name (Last, First, Middle Ini	tial)			Name of E	mployer		
Mailing Address				Occupation	l		
				Amount			
City	State	ZIP Code		Guaranteed Outstanding		9 9	
SUBTOTALS This Period This Page (o	ptional)				▶		23000.00
FOTALS This Period (last page in this	line only)				, , ,	
Carry outstanding balance only to LIN	E 3, Sch	edule D, for this	line. If	no Schedule	D, carry forw	vard to appropriate	line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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13b Transaction ID: SC/10.7322 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General X Other (specify) Mailing Address 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 50000.00 0.00 50000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 12/31/25 09 2021 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 50000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

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AME OF COMMITTEE (In Full)			CC IN	0	Transac	tion ID :	SC/10.7323		
SHEILA CHERFILUS MCCORM LOAN SOURCE Full Name (Last, F			:33, IIV			Election	n: 2022		
					Memo Item		mary		
	CHERFILUS-MCCORMICK, SHEILA, , ,					1	neral		
Mailing Address 18612 SW 41ST STREET							ner (specify) al-Primary	▼	
City		State	ZIP Co	de		-			
MIRAMAR		FL	33029			X P	ersonal Fun	ds of the (Jandidate
Original Amount of Loan		Cumulative Pay	ment To	Date	Bala	nce Outs	standing at	Close of T	his Period
75000.0	00	2	,	0.0	00		,	75000	0.00
TERMS Date Incurred		D	ate Due		Interest Rate (If none, enter			Secured	:
M 09 / D D / Y Y Y 2021	Y	1 M / D D	/ Y	2/31/25 Y	0.0	00	% (apr)	Yes	X No
List All Endorsers or Guarantors (i	f any) to	Loan Source							
1. Full Name (Last, First, Middle Ini	tial)			Name of Er	mployer				
Mailing Address				Occupation					
				Amount					_
City	State	ZIP Code		Guaranteed Outstanding		,	7		
2. Full Name (Last, First, Middle Init	ial)			Name of Er	mployer				
Mailing Address				Occupation					
				Amount					7
City	State	ZIP Code		Guaranteed Outstanding		7	7		
3. Full Name (Last, First, Middle Init	ial)			Name of Er	mployer				
Mailing Address				Occupation					
		T		Amount Guaranteed					7
City	State	ZIP Code		Outstanding		7	7		_
4. Full Name (Last, First, Middle Init	ial)	'		Name of Er	mployer				
Mailing Address				Occupation					
		T=:= 0 :		Amount					7
City	State	ZIP Code		Guaranteed Outstanding		7	7	-	_
SUBTOTALS This Period This Page (or	otional)						,	75000	.00
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Carry outstanding balance only to LIN	E 3, Sche	edule D, for this	line. If	no Schedule	D, carry forw	ard to a	ppropriate	line of Su	ımmary.

Use separate schedule(s) for each category of the Detailed Summary Page

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						130	
	ME OF COMMITTEE (In Full) HEILA CHERFILUS MCCORN	MICK F	OR CONGRE	 :SS, IN		action ID : SC/10.7324	
	LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election: 2022						
	CHERFILUS-MCCORMICK, SHEILA, , ,						
	Mailing Address 18612 SW 41ST STREET					Other (specify) ▼ Special-Primary	
	City State ZIP Co			ZIP Co	de	Personal Funds of the Candidate	
-	MIRAMAR		FL	33029		Personal Funds of the Candidate	
	Original Amount of Loan		Cumulative Pay	ment To	Date Ba	alance Outstanding at Close of This Period	
	20000	.00	9		0.00	20000.00	
	TERMS Date Incurred		D	ate Due	Interest Ra (If none, en		
	09	Υ	M M / D D		12/31/25 Y	0.00 % (apr) Yes No	
Ī	List All Endorsers or Guarantors	(if any) t	o Loan Source				
ſ	1. Full Name (Last, First, Middle Ir	nitial)			Name of Employer		
	Mailing Address				Occupation		
		т——			Amount Guaranteed		
	City State ZIP Code				Outstanding:		
	2. Full Name (Last, First, Middle Ini	itial)	·		Name of Employer		
	Mailing Address				Occupation Amount		
	City	State	ZIP Code		Guaranteed Outstanding:		
	3. Full Name (Last, First, Middle Ini	itial)			Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:		
-	4. Full Name (Last, First, Middle Ini	l itial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	7 7 7	
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			and D. Contt	line If	na Oalaadide Bureau C	annual to annual data Provide	
C	arry outstanding balance only to LIN	ı⊨ 3, Sch	nedule D, for this	ine. If	no Schedule D, carry fo	orward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

X 13a 13b

	COMMITTEE (In Full)	.				saction ID : SC/10.7325	
	A CHERFILUS MCCOR SOURCE Full Name (Last,			:SS, IN	☐ Memo It		
CHERFILUS-MCCORMICK, SHEILA, , , Mailing Address Primary General Other (specify) ▼						General ✓ Other (specify) ▼	
						Special-Primary	
				ZIP Cod 33029	oe	Personal Funds of the Candidate	
Orig	ginal Amount of Loan		Cumulative Pag	yment To	Date	Balance Outstanding at Close of This Period	
	10000	0.00			0.00	100000.00	
TERM	S Date Incurred		С	ate Due	Interest I (If none, e		
MC	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y	M M / D D	/ Y	^Y 2/31/25	0.00 % (apr) Yes X No	
List A	All Endorsers or Guarantors	(if any) to	o Loan Source				
1. Fu	ull Name (Last, First, Middle	Initial)			Name of Employer		
М	ailing Address				Occupation		
					Amount		
Ci	ity	State	ZIP Code		Guaranteed Outstanding:		
2. Ful	ll Name (Last, First, Middle In	nitial)	'		Name of Employer		
Ма	illing Address				Occupation		
					Amount		
Cit	у	State	ZIP Code		Guaranteed Outstanding:	7 7	
3. Ful	ll Name (Last, First, Middle In	nitial)	•		Name of Employer		
Ма	illing Address				Occupation		
		T			Amount		
Cit	у	State	ZIP Code		Guaranteed Outstanding:	, , , , , , , ,	
4. Ful	ll Name (Last, First, Middle In	nitial)			Name of Employer		
Ма	Mailing Address				Occupation		
					Amount		
Cit	у	State	ZIP Code		Guaranteed Outstanding:	9 9 9	
SUBTOT	TALS This Period This Page ((optional)				100000.00	
	This Period (last page in thi				<u>_</u>	10000.00	
						7	
Carry or	utstanding balance only to Li	INE 3, Sch	edule D, for this	s line. If	no Schedule D, carry	forward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

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OF

		135			
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICE	K FOR CONGRI	Transaction ID : SC/10.7326 ESS, INC			
LOAN SOURCE Full Name (Last, First,		Floation: 2000			
, , ,	CHERFILUS-MCCORMICK, SHEILA, , ,				
Mailing Address 18612 SW 41ST STREET		Other (specify) ▼ Special-Primary			
City	State	ZIP Code 33029 Personal Funds of the Candidate			
MIRAMAR		33029			
Original Amount of Loan	Cumulative Pa	ayment To Date Balance Outstanding at Close of This Period			
30000.00		0.00 30000.00			
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)			
09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D C	0.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if an	y) to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	e ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	<u>'</u>	Name of Employer			
Mailing Address		Occupation			
		Amount Guaranteed			
City	e ZIP Code	Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
au lau		Amount Guaranteed			
City	e ZIP Code	Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	e ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (option	nal)	20000 00			
TOTALS This Period (last page in this line	·				
TOTALS THIS FEHIOU (last page in this line	Or IIy)	7 7			
Carry outstanding balance only to LINE 3,	Schedule D, for thi	is line. If no Schedule D, carry forward to appropriate line of Summary.			

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER:
(check only one)

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		138				
AME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK	FOR CONGRE	Transaction ID : SC/10.7327 ESS, INC				
LOAN SOURCE Full Name (Last, First,		Floation: 2000				
CHERFILUS-MCCORMICK, S	,	Memo Item Primary General				
Mailing Address 18612 SW 41ST STREET		Other (specify) ▼ Special-Primary				
City	State	ZIP Code 33029 Personal Funds of the Candidate				
MIRAMAR	FL	33029				
Original Amount of Loan	Cumulative Pay					
30000.00		0.00 30000.00				
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)				
M M / D D / Y Y Y Y Y 2021	M M / D D	/ 12/31/25 Y 0.00 % (apr) Yes No				
List All Endorsers or Guarantors (if any) to Loan Source					
1. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount				
City	ZIP Code	Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount				
City	ZIP Code	Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)	'	Name of Employer				
Mailing Address		Occupation				
		Amount				
City	ZIP Code	Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount				
City	ZIP Code	Guaranteed Outstanding:				
·						
SUBTOTALS This Period This Page (options	JBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in this line of	only)					
Corne outstanding balance only to LINE 2	Sobodulo D. for this	line If no Schodule D. come formed to conversity line of Community				
carry outstanding balance only to LINE 3,	Jonedule D, lor (NIS	s line. If no Schedule D, carry forward to appropriate line of Summary.				

Use separate schedule(s) for each category of the Detailed Summary Page

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13b Transaction ID: SC/10.7328 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 126101.63 0.00 126101.63 **TERMS** Date Due Interest Rate Secured: Date Incurred (If none, enter 0) 23 0.00 12/31/25 09 2021 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 126101.63 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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13b Transaction ID: SC/10.7329 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General X Other (specify) Mailing Address 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 30000.00 0.00 30000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 12/31/25 09 2021 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 30000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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					100	
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCOI	RMICK F	OR CONGRE	ESS, IN		action ID : SC/10.7330	
LOAN SOURCE Full Name (Las				Memo Iten	Election: 2022	
,	CHERFILUS-MCCORMICK, SHEILA, , ,					
Mailing Address 18612 SW 41ST STREET					Other (specify) ▼ Special-Primary	
City	City State ZIP Co			de	Personal Funds of the Candidate	
MIRAMAR	MIRAMAR FL 3302				Z reservant amas en une canadade	
Original Amount of Loan		Cumulative Pa	yment To	Date Ba	lance Outstanding at Close of This Period	
945	87.93	9		0.00	94587.93	
TERMS Date Incurred		Г	Date Due	Interest Ra (If none, ent		
M M / D D / Y Y Y 202		M M / D D		2/30/25	0.00 % (apr) Yes X No	
List All Endorsers or Guarantor	s (if any) to	o Loan Source				
1. Full Name (Last, First, Middle	Initial)			Name of Employer		
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:	7 7	
2. Full Name (Last, First, Middle	2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
	12	T		Amount Guaranteed		
City	State	ZIP Code		Outstanding:		
3. Full Name (Last, First, Middle	Initial)			Name of Employer		
Mailing Address				Occupation		
				Amount Guaranteed		
City	State	ZIP Code		Outstanding:	7 7	
4. Full Name (Last, First, Middle	Initial)			Name of Employer		
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:	9	
SUBTOTALS This Period This Page	(optional)			······	94587.93	
TOTALS This Period (last page in the	nis line only	v)		······	7 7	
Carry outstanding balance only to	LINE 3, Sch	edule D, for this	s line. If	no Schedule D, carry for	rward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORM	IICK FC	R CONGRE	SS, IN		ction ID : SC/10.9995	
LOAN SOURCE Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,						
Mailing Address 18612 SW 41ST STREET					Other (specify) ▼ Special-Primary	
City MIRAMAR				Personal Funds of the Cand		
Original Amount of Loan		Cumulative Pay	/ment To	Date Ba	ance Outstanding at Close of This Period	
40000.0	00	,		0.00	40000.00	
TERMS Date Incurred		D	ate Due	Interest Rat (If none, enter		
M 09 / 27 / Y Y 2021	Y	M / D D	/ Y	2/30/2025	.00 % (apr) Yes X No	
List All Endorsers or Guarantors (in	f any) to	Loan Source				
1. Full Name (Last, First, Middle Ini	tial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initi	ial)			Name of Employer		
Mailing Address				Occupation		
011	<u> </u>	710.0.1		Amount Guaranteed		
City	State	ZIP Code		Outstanding:		
3. Full Name (Last, First, Middle Initi	ial)			Name of Employer		
Mailing Address				Occupation		
Oth.	21-1-	7ID 0		Amount Guaranteed		
City	State	ZIP Code		Outstanding:	9 9 9	
4. Full Name (Last, First, Middle Initi	ial)			Name of Employer		
Mailing Address	Mailing Address			Occupation		
011	<u> </u>	TID 0 1		Amount Guaranteed		
City	State	ZIP Code		Outstanding:	y y x	
SUBTOTALS This Period This Page (op	otional)			······	40000.00	
TOTALS This Period (last page in this I	line only)				7 7 7 7	
Carry outstanding balance only to I INI	E 3. Sche	edule D. for this	s line. If	no Schedule D. carry for	ward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) Transaction ID : SC/10.7331				
SHEILA CHERFILUS MCCORMICK FOR CONGRE	SS, INC			
LOAN SOURCE Full Name (Last, First, Middle Initial)	Memo Item Election: 2022			
CHERFILUS-MCCORMICK, SHEILA, , ,	Primary General			
Mailing Address 18612 SW 41ST STREET	Other (specify) ▼ Special-Primary			
City State	ZIP Code			
MIRAMAR FL	33029 Personal Funds of the Candidate			
Original Amount of Loan Cumulative Pa	ment To Date Balance Outstanding at Close of This Period			
60000.00	0.00 60000.00			
TERMS Date Incurred	ate Due Interest Rate Secured: (If none, enter 0)			
M 10 / D D / Y Y Y Y Y M M / D D	/ Y 12/31/25 Y 0.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if any) to Loan Source				
1. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount Guaranteed			
City State ZIP Code	Outstanding:			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)	60000.00			
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.			

Use separate schedule(s) for each category of the

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		Detailed Summary Pag	ge 13b				
AME OF COMMITTEE (In Full)		Transac	tion ID : SC/10.7332				
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC							
LOAN SOURCE Full Name (Last, First, Mic	Idle Initial)	☐ Memo Item	Election: 2022				
CHERFILUS-MCCORMICK, SHI	EILA, , ,		Primary General				
Mailing Address 18612 SW 41ST STREET			Other (specify) ▼ Special-Primary				
City	State ZIP 0	Code					
MIRAMAR	FL 330	29	Personal Funds of the Candidate				
Original Amount of Loan	Cumulative Payment	To Date Bala	nce Outstanding at Close of This Period				
50000.00	9	0.00	50000.00				
TERMS Date Incurred	Date Du	ue Interest Rate (If none, enter					
M 10 / 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D /		00 % (apr) Yes X No				
List All Endorsers or Guarantors (if any) to	o Loan Source						
1. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
		Amount					
City State	ZIP Code	Guaranteed Outstanding:	9				
2. Full Name (Last, First, Middle Initial)		Name of Employer	Name of Employer				
Mailing Address		Occupation					
		Amount					
City	ZIP Code	Guaranteed Outstanding:	7				
3. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
		Amount					
City	ZIP Code	Guaranteed Outstanding:	7				
4. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
		Amount					
City	ZIP Code	Guaranteed Outstanding:	9 9				
SUBTOTALS This Period This Page (optional)		—	50000.00				
FOTALS This Period (last page in this line only	y)	······	9				
Corny outstanding balance only to LINE 2. Sold	nodulo D. for this line	If no Schodulo D. carry for	ward to appropriate line of Summary				

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		100			
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK	EOD CONCDI	Transaction ID : SC/10.7333			
		·			
LOAN SOURCE Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,					
Mailing Address 18612 SW 41ST STREET		General ✓ Other (specify) ▼ Special-Primary			
City	State	ZIP Code 33029 X Personal Funds of the Candidate			
MIRAMAR	FL	33029			
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period			
18000.00		0.00 18000.00			
TERMS Date Incurred	[Date Due Interest Rate Secured: (If none, enter 0)			
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	0.00 % (apr) Yes No			
List All Endorsers or Guarantors (if any) to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	·	Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	•	Name of Employer			
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
CURTOTAL C. This Desired This Desire (
SUBTOTALS This Period This Page (optional		18000.00			
TOTALS This Period (last page in this line of	nly)	······································			
Carry outstanding balance only to LINE 3, 9	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.			

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Transaction ID: SC/10.7334 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 20000.00 0.00 20000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 12/31/25 10 2021 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 20000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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OF

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NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK		Transaction ID : SC/10.7335			
		·			
LOAN SOURCE Full Name (Last, First, MCHERFILUS-MCCORMICK, S	Memo Item Election: 2022 Primary				
Mailing Address 18612 SW 41ST STREET	General ✓ Other (specify) ▼ Special-Primary				
City	City State ZIP Code				
MIRAMAR	FL	33029 Personal Funds of the Candidate			
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period			
152000.00		0.00 152000.00			
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)			
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	0.00 % (apr) Yes No			
List All Endorsers or Guarantors (if any	to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount Guaranteed			
City State	ZIP Code	Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount Guaranteed			
City State	ZIP Code	Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optiona)	152000.00			
<u> </u>		, 10200100			
TOTALS This Period (last page in this line o	nly)	······			
Carry outstanding balance only to LINE 3, S	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.			

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Transaction ID: SC/10.9990 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 341000.00 0.00 341000.00 **TERMS** Date Due Interest Rate Secured: Date Incurred (If none, enter 0) 23 0.00 10 2021 12/31/2023 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 341000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCOR!			SS, IN		ction ID : SC/10.10669	
LOAN SOURCE Full Name (Last, CHERFILUS-MCCORMIC				☐ Memo Item	Primary General	
Mailing Address 18612 SW 41ST STREET	X Other (specify) ▼ Special-Primary					
City MIRAMAR		State FL	ZIP Cod 33029	de	Personal Funds of the Candidate	
Original Amount of Loan		Cumulative Pay	yment To	Date Bala	Lance Outstanding at Close of This Period	
8893	.56	3	,	0.00	8893.56	
TERMS Date Incurred		D	ate Due	Interest Rat (If none, ente		
10 26 2021	Y	M M / D D	/ 12	2/31/2023 O	.00 % (apr) Yes X No	
List All Endorsers or Guarantors 1. Full Name (Last, First, Middle II		o Loan Source		Name of Employer		
Mailing Address				Occupation		
	T ₌ .	I		Amount Guaranteed		
City	State	ZIP Code		Outstanding:	7	
2. Full Name (Last, First, Middle In	itial)			Name of Employer		
Mailing Address				Occupation Amount		
City	State	ZIP Code		Guaranteed Outstanding:	7	
3. Full Name (Last, First, Middle In	itial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	g g	
4. Full Name (Last, First, Middle In	l itial)			Name of Employer		
Mailing Address	Mailing Address			Occupation		
City	State	ZIP Code		Amount Guaranteed		
Oity	State	Zii Oode		Outstanding:	9-1-1-9-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
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Carry outstanding balance only to LII	NE 3. Sch	edule D. for this	s line. If	no Schedule D. carry for	ward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

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OF

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Transaction ID: SC/10.10670 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General X Other (specify) Mailing Address 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 7200.00 0.00 7200.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 12/31/2023 10 2021 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 7200.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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OF

		100	
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMIC	K FOR CONGR	Transaction ID : SC/10.10671 ESS, INC	
LOAN SOURCE Full Name (Last, First		— Floation: 2002	
CHERFILUS-MCCORMICK,	Memo Item Primary General		
Mailing Address 18612 SW 41ST STREET	Other (specify) ▼ Special-Primary		
City	State	ZIP Code 33029 Personal Funds of the Candidate	
MIRAMAR		33029	
Original Amount of Loan	Cumulative Pa	ayment To Date Balance Outstanding at Close of This Period	
2700.00		0.00 2700.00	
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)	
10 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D	12/31/2023 0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if a	ny) to Loan Source		
1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	te ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	<u>'</u>	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	te ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	·	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	•	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	te ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (option	inal)	07700.00	
TOTALS This Period (last page in this line	·	, 270000	
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Carry outstanding balance only to LINE 3	, Schedule D, for th	is line. If no Schedule D, carry forward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 93
FOR LINE NUMBER: (check only one)

13a 13b

OF

	ME OF COMMITTEE (In Full) HEILA CHERFILUS MCCOR LOAN SOURCE Full Name (Last,			SS, IN	С	Clastica 2000	
	CHERFILUS-MCCORMIC	Election: 2022 Primary General					
	Mailing Address 18612 SW 41ST STREET	X Other (specify) ▼ Special-Primary					
	City MIRAMAR		State FL	ZIP Co 33029		Personal Funds of the Candidate	
	Original Amount of Loan		Cumulative Pay	yment To	Date Ba	lance Outstanding at Close of This Period	
	5000	0.00	3		0.00	50000.00	
	TERMS Date Incurred		C	Date Due	Interest Ra (If none, ent		
	10 / 28 / 2021	Υ	M M / D D	/ Y	2/31/2024	0.00 % (apr) Yes X No	
	List All Endorsers or Guarantors	(if any) t	o Loan Source				
	1. Full Name (Last, First, Middle	Initial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	y	
	2. Full Name (Last, First, Middle In	nitial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	7	
	3. Full Name (Last, First, Middle In	nitial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	y	
	4. Full Name (Last, First, Middle In	nitial)			Name of Employer		
	Mailing Address			Occupation			
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	7	
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						50000.00	
	OTALS This Period (last page in thi	o III le Offi	// ·····		•	, ,	
l c	Carry outstanding balance only to Li	INE 3. Sch	nedule D. for this	s line. If	no Schedule D. carry fo	rward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 94 OF FOR LINE NUMBER: **X** | 13a (check only one)

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13b Transaction ID: SC/10.8180 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET Special-General City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 290000.00 0.00 290000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 2021 12/31/2024 Yes X No 11 % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 290000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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OF

					130	
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORM	IICK FC	R CONGRE	SS, IN		ction ID : SC/10.8181	
LOAN SOURCE Full Name (Last, F				Memo Item	Election: 2022	
CHERFILUS-MCCORMICH	Primary General					
Mailing Address 18612 SW 41ST STREET	Other (specify) ▼ Special-General					
City				de	Personal Funds of the Candidate	
MIRAMAR Original Amount of Loop		FL Cumulativa Pa	33029	Data Bal	once Outstanding at Close of This Deviced	
Original Amount of Loan	00	Cumulative Pay	inent 10	0.00	ance Outstanding at Close of This Period 105000.00	
TERMS Date Incurred		D	ate Due	Interest Rat	e Secured:	
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y M	M / D D		(If none, ente	.00 % (apr) Yes X No	
List All Endorsers or Guarantors (i	f any) to	Loan Source			70 (apr) 100 100 100 100 100 100 100 100 100 10	
Full Name (Last, First, Middle Ini		Loan Cource		Name of Employer		
Mailing Address				Occupation		
		_		Amount		
City	State	ZIP Code Guaranteed Outstanding:			9 9	
2. Full Name (Last, First, Middle Init	ial)			Name of Employer		
Mailing Address				Occupation		
0.4	21-1-	7ID 0 I -		Amount Guaranteed		
City	State	ZIP Code		Outstanding:	9 9	
3. Full Name (Last, First, Middle Init	ial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed		
4. Full Name (Last, First, Middle Init				Outstanding: Name of Employer		
• • • • • • • • • • • • • • • • • • • •						
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	9 9	
SUBTOTALS This Period This Page (op					105000.00	
TOTALS This Period (last page in this					, . ,	
Carry outstanding balance only to LINI	E 3, Sche	dule D, for this	line. If	no Schedule D, carry for	ward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

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								130
AME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORI	MICK F	OR CONGRE	SS INC		Transact	tion ID : SC/10.8182		
LOAN SOURCE Full Name (Last,			.55, 1110		1.8.4.1.	Election: 2022		
CHERFILUS-MCCORMIC			Memo Item	Primary General				
Mailing Address 18612 SW 41ST STREET						Other (specify) Special-General	▼	
City		State	ZIP Code)				
MIRAMAR		FL	33029			Personal Fund	s of the Ca	andidate
Original Amount of Loan		Cumulative Pay	yment To D	ate	Balar	nce Outstanding at C	lose of This	s Period
40000	0.00	2		0.00			40000.0)0
TERMS Date Incurred		D	ate Due		Interest Rate (If none, enter		Secured:	
12 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Υ	M M / D D		31/2024 Y	0.0		Yes	X No
List All Endorsers or Guarantors	(if any) t	o Loan Source						
1. Full Name (Last, First, Middle I	nitial)			Name of Em	ployer			
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code Guaranteed Outstanding:				7 7		
2. Full Name (Last, First, Middle In	itial)			Name of Em	ployer			
Mailing Address				Occupation				
			<u> </u>	Amount				
City	State	ZIP Code Guaranteed Outstanding:				7	-	
3. Full Name (Last, First, Middle In	itial)			Name of Em	ployer			
Mailing Address			. 1	Occupation				
				Amount				1
City	State	ZIP Code		Guaranteed Outstanding:		7 7		
4. Full Name (Last, First, Middle In	itial)			Name of Employer				
Mailing Address				Occupation				
				Amount				1
City	State	ZIP Code Guaranteed Outstanding:				7	-	J
		·	•					
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TOTALS This Period (last page in this	line only	/)			>	7 7		
Carry outstanding balance only to LII	NE 3. Sch	nedule D. for this	s line. If no	Schedule	D. carry forw	ard to appropriate l	ine of Sur	marv.
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Use separate schedule(s) for each category of the Detailed Summary Page

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					130	
AME OF COMMITTEE (In Full) SHEILA CHERFILUS MCC	CORMICK F	OR CONGRE	ESS, IN		action ID : SC/10.10000	
LOAN SOURCE Full Name	(Last, First, Mic	Idle Initial)		Memo Iten	Election: 2022	
CHERFILUS-MCCOF	Primary General					
Mailing Address 18612 SW 41ST STREET	X Other (specify) ▼ Special-General					
City		State FL	ZIP Cod 33029	de	Personal Funds of the Candidate	
MIRAMAR				D-t-	lease Outstanding at Olean of This Davis	
Original Amount of Loan	26000.00	Cumulative Pa	lyment to	0.00	lance Outstanding at Close of This Period 26000.00	
9 9		9			7	
TERMS Date Incurred			Date Due	Interest Ra (If none, ent		
	2021	M M / D D		2/31/2024	0.00 % (apr) Yes X No	
List All Endorsers or Guara	ntors (if any) to	o Loan Source				
1. Full Name (Last, First, Mi	ddle Initial)			Name of Employer		
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code Guaranteed Outstanding:			7	
2. Full Name (Last, First, Mic	Idle Initial)			Name of Employer		
Mailing Address				Occupation		
				Amount Guaranteed		
City	State	ZIP Code		Outstanding:		
3. Full Name (Last, First, Mic	Idle Initial)			Name of Employer		
Mailing Address				Occupation		
		T		Amount		
City	State	ZIP Code	IP Code Guaranteed Outstanding:			
4. Full Name (Last, First, Mic	ldle Initial)			Name of Employer		
Mailing Address				Occupation		
		Amount				
City	State	ZIP Code		Guaranteed Outstanding:	7	
SUBTOTALS This Period This F	Page (optional)				26000.00	
FOTALS This Period (last page					, , , , , , , , , , , , , , , , , , , ,	
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Carry outstanding balance only	to LINE 3, Sch	edule D, for this	s line. If	no Schedule D, carry for	rward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

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OF

			130	
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK	FOR CONGRE	Transaction ID	: SC/10.8184	
LOAN SOURCE Full Name (Last, First, N			ion: 2022	
CHERFILUS-MCCORMICK, SI	F Wellio Relli	Primary General		
Mailing Address 18612 SW 41ST STREET		×	other (specify) ▼ cial-General	
City	State	ZIP Code	Personal Funds of the Candidate	
MIRAMAR	FL	33029	Totalian Fanas of the Ganalaate	
Original Amount of Loan	Cumulative Pa	ment To Date Balance Ou	utstanding at Close of This Period	
70000.00		2900.00	67100.00	
TERMS Date Incurred	Γ	ate Due Interest Rate (If none, enter 0)	Secured:	
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ 12/31/2024 O.00	% (apr) Yes X No	
List All Endorsers or Guarantors (if any)	to Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation	Occupation	
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:	9	
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:	9	
4. Full Name (Last, First, Middle Initial)	•	Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:	7	
SUBTOTALS This Period This Page (optiona)		67100.00	
	,		07100.00	
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Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to	appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

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13b Transaction ID: SC/10.8185 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 10000.00 2900.00 7100.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 18 0.00 01 2022 12/31/2024 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 7100.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK	FOR CONGRE	SS. IN		ction ID : SC/10.8186	
LOAN SOURCE Full Name (Last, First, M			☐ Memo Item	Election: 2022	
	CHERFILUS-MCCORMICK, SHEILA, , ,				
Mailing Address 18612 SW 41ST STREET				General Other (specify) ▼	
City	State	ZIP Co	de		
MIRAMAR	FL	33029		Personal Funds of the Candidate	
Original Amount of Loan	Cumulative Pa	yment To	Date Bala	ance Outstanding at Close of This Period	
20000.00	7		0.00	20000.00	
TERMS Date Incurred	С	Date Due	Interest Rate (If none, enter		
01 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ Y		00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any)	to Loan Source				
1. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount		
City State	ZIP Code		Guaranteed Outstanding:	g	
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address	Mailing Address				
			Amount		
City	IZIP Code		Guaranteed Outstanding:	7	
3. Full Name (Last, First, Middle Initial)	·		Name of Employer		
Mailing Address			Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:	7	
4. Full Name (Last, First, Middle Initial)	4. Full Name (Last, First, Middle Initial)				
Mailing Address			Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:	7	
SUBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in this line or	ıly)		······	, , , , , , , , , , , , , , , , , , , ,	
Carry outstanding balance only to LINE 3, S	chedule D, for this	s line. If	no Schedule D, carry forv	ward to appropriate line of Summary.	

Use separate schedule(s) for each category of the

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X | 13a Detailed Summary Page 13b Transaction ID: SC/10.8187 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 15000.00 0.00 15000.00 **TERMS** Date Due Interest Rate Secured: Date Incurred (If none, enter 0) 20 0.00 01 2022 12/31/2024 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 15000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

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	MMITTEE (In Full)	MICK F	OR CONGRE	ESS, IN		ction ID : SC/10.8873	
LOAN SOL	JRCE Full Name (Last,	First, Mic	Idle Initial)		☐ Memo Item	Election: 2022	
CHERF	ILUS-MCCORMIC	CK, SHI	EILA, , ,			Primary	
Mailing Add		<u> </u>				General Other (specify) ▼	
City			State	ZIP Co	de		
MIRAMAR			FL	33029		Personal Funds of the Candidate	
Original A	Amount of Loan		Cumulative Pay	yment To	Date Bala	ance Outstanding at Close of This Period	
	25000	0.00			0.00	25000.00	
TERMS	Date Incurred		С	Date Due	Interest Rat (If none, ente		
02 ^M	01 / Y Y Y 2022	Y	M M / D D	/ Y		.00 % (apr) Yes X No	
List All En	dorsers or Guarantors	(if any) to	o Loan Source				
1. Full Na	ıme (Last, First, Middle	Initial)			Name of Employer		
Mailing	Address				Occupation		
					Amount		
City		State	ZIP Code Guaranteed Outstanding:			9 9 9	
2. Full Nar	2. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing	Mailing Address				Occupation		
					Amount		
City	City State ZIP Code			Guaranteed Outstanding:	, ,		
3. Full Nar	ne (Last, First, Middle Ir	nitial)			Name of Employer		
Mailing	Address				Occupation		
					Amount		
City		State	ZIP Code		Guaranteed Outstanding:	, ,	
4. Full Nar	ne (Last, First, Middle Ir	nitial)	•		Name of Employer		
Mailing	Mailing Address			Occupation			
					Amount		
City		State	ZIP Code		Guaranteed Outstanding:	7 7 7	
SUBTOTALS	SUBTOTALS This Period This Page (optional) 25000.00						
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Use separate schedule(s) for each category of the Detailed Summary Page

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	ME OF COMMITTEE (In Full)	MOK E		-00 IN		ction ID : SC/10.8874
	HEILA CHERFILUS MCCORI			:55, IN		Floriton
	LOAN SOURCE Full Name (Last, First, Middle Initial)					Election: 2022 Primary
	CHERFILUS-MCCORMIC	K, SH	EILA, , ,			General
	Mailing Address 18612 SW 41ST STREET					Other (specify)
	City		State	ZIP Co	de	
	MIRAMAR		FL	33029		Personal Funds of the Candidate
	Original Amount of Loan		Cumulative Pay	yment To	Date Bala	ance Outstanding at Close of This Period
	30000	0.00	2		0.00	30000.00
	TERMS Date Incurred		D	ate Due	Interest Rate (If none, enter	
	M 02 / D D / Y Y Y 2022	Υ	M M / D D	/ Y	101/2020	00 % (apr) Yes No
ı	List All Endorsers or Guarantors	(if any) t	o Loan Source			
	1. Full Name (Last, First, Middle I	• • • •			Name of Employer	
	Mailing Address				Occupation	
					Amount	
	City	State	ZIP Code Guaranteed Outstanding:		Guaranteed	7
	2. Full Name (Last, First, Middle In	itial)			Name of Employer	
	Mailing Address			Occupation		
					Amount	
	City	State	ate ZIP Code		Guaranteed Outstanding:	7
	3. Full Name (Last, First, Middle In	itial)	•		Name of Employer	
	Mailing Address				Occupation	
		1			Amount	
	City	State	ZIP Code		Guaranteed Outstanding:	7
	4. Full Name (Last, First, Middle In	itial)			Name of Employer	
	Mailing Address			Occupation		
					Amount	
	City	State	ZIP Code		Guaranteed Outstanding:	7
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ı	arry outstanding palance only to Li	ve o, ocr	ieuuie D, ior inis	s mie. If	no somedule D, carry fort	ward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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			Detailed Garrina	Ty Tage	13b
AME OF COMMITTEE (In Full)		Transaction ID : SC/10.8875			
SHEILA CHERFILUS MCCORMI		•	NC .		
LOAN SOURCE Full Name (Last, Fire	st, Middle Initial)	☐ Memo		
CHERFILUS-MCCORMICK	. SHEILA			Primary	
Mailing Address	, - , ,	,		General Other (appoint)	_
18612 SW 41ST STREET				Other (specify)	
City	State	ZIP Co	ode		
MIRAMAR	FL	3302	9	Personal Funds	of the Candidate
Original Amount of Loan	Cumula	tive Payment To	Date	Balance Outstanding at Clo	ose of This Period
10000.00			0.00		10000.00
7			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,	
TERMS Date Incurred		Date Due		et Rate e, enter 0)	Secured:
02 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M /	D D / Y	2/31/2023 Y	0.00 % (apr)	Yes X No
List All Endorsers or Guarantors (if	anv) to Loan S	Source			
1. Full Name (Last, First, Middle Initia			Name of Employer		
Mailing Address			Occupation		
			Amount		
City	ate ZIP Co	ode	Guaranteed Outstanding:	7 7	
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount		
City	ate ZIP Co	ode	Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,	/B
3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
Maining Address			Codepation		
			Amount		
City	ate ZIP Co	ode	Guaranteed Outstanding:	7	w
4. Full Name (Last, First, Middle Initia	l)		Name of Employer		
Mailing Address			Occupation		
			Amount		
City	ate ZIP Co	ode	Guaranteed Outstanding:	7 7	
	'				
SUBTOTALS This Period This Page (optional)					
FOTALS This Period (last page in this lin	ne only)			7	
TOTALO TINO I ENOU (last page III tins III	ic Offig)		•	, , , , , , , , , , , , , , , , , , , ,	
Carry outstanding balance only to LINE	3, Schedule D.	for this line. If	no Schedule D. carr	y forward to appropriate lin	ne of Summarv.

Use separate schedule(s) for each category of the Detailed Summary Page

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		100			
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK F		Transaction ID : SC/10.8876			
		·			
LOAN SOURCE Full Name (Last, First, Mi CHERFILUS-MCCORMICK, SH	☐ Memo Item				
Mailing Address 18612 SW 41ST STREET	Mailing Address				
City	City State ZIP Code				
MIRAMAR	FL	33029 Personal Funds of the Candidate			
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period			
1000.00		0.00 1000.00			
TERMS Date Incurred	Г	Date Due Interest Rate Secured: (If none, enter 0)			
02 d 15 d 2022	M M / D D	/ Y12/31/2023			
List All Endorsers or Guarantors (if any)	to Loan Source				
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	State ZIP Code Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)	·	Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount Guaranteed			
City	ZIP Code	Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)		4000.00			
		,			
TOTALS This Period (last page in this line onl	y)	······			
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.			

Use separate schedule(s) for each category of the Detailed Summary Page

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13b Transaction ID: SC/10.8877 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 35000.00 0.00 35000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 2022 12/31/2023 02 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 35000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

13a

		100		
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK I		Transaction ID : SC/10.8878		
		,		
LOAN SOURCE Full Name (Last, First, M CHERFILUS-MCCORMICK, SH	☐ Memo Item			
Mailing Address 18612 SW 41ST STREET	, , ,	General Other (specify) ▼		
City	City State ZIP Code			
MIRAMAR	FL	33029 Personal Funds of the Candidate		
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period		
5000.00		0.00 5000.00		
TERMS Date Incurred	Г	Date Due Interest Rate Secured: (If none, enter 0)		
03 / 01 / Y Y Y Y Y Y Y	M M / D D	/ 12/31/2023 O.00 % (apr) Yes No		
List All Endorsers or Guarantors (if any)	to Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	State ZIP Code Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
	T	Amount Guaranteed		
City	ZIP Code	Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount Guaranteed		
City	ZIP Code	Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
Chata	ZID Code	Amount Guaranteed		
City	ZIP Code	Outstanding:		
SUBTOTALS This Period This Page (optional)		5000.00		
		,		
TOTALS This Period (last page in this line or	ily)	······································		
Carry outstanding balance only to LINE 3, So	chedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

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					130
AME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORI	MICK FO	R CONGRE	SS, IN		ction ID : SC/10.8879
LOAN SOURCE Full Name (Last,	First, Midd	dle Initial)		□ Mome Item	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,					Primary General
Mailing Address 18612 SW 41ST STREET					Other (specify)
City		State	ZIP Co	de	Personal Funds of the Candidate
MIRAMAR		FL	33029		Z resession runde of the continuous
Original Amount of Loan		Cumulative Pay	ment To	Date Bal	ance Outstanding at Close of This Period
37000	0.00			0.00	37000.00
TERMS Date Incurred		D	ate Due	Interest Rat (If none, ente	
M 03 / D D / Y Y 2022	Y	M / D D		VVV	.00 % (apr) Yes X No
List All Endorsers or Guarantors	(if any) to	Loan Source			
1. Full Name (Last, First, Middle I	nitial)			Name of Employer	
Mailing Address				Occupation	
			Amount Guaranteed		
City	State	ZIP Code Outstanding:			7
2. Full Name (Last, First, Middle In	itial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding	
	1/	Outstanding:			
3. Full Name (Last, First, Middle In	itial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed	
				Outstanding:	7
4. Full Name (Last, First, Middle In	illai)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This Page (or	<u> </u>				37000.00

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SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , , Mailing Address 18612 SW 41ST STREET City MIRAMAR State FL State State State TIP Code 33029 Personal Funds of the Candidate Cumulative Payment To Date Balance Outstanding at Close of This Perior
CHERFILUS-MCCORMICK, SHEILA, , , Mailing Address 18612 SW 41ST STREET City MIRAMAR State FL State State FL State S
CHERFILUS-MCCORMICK, SHEILA, , , Mailing Address 18612 SW 41ST STREET City MIRAMAR State FL State State FL State State State State State FL Personal Funds of the Candidate
Mailing Address 18612 SW 41ST STREET City State ZIP Code MIRAMAR FL 33029 Personal Funds of the Candidate
MIRAMAR FL 33029 Personal Funds of the Candidate
WIRAWAR 1L 33029
Original Amount of Loan
20000.00 0.00 20000.00
TERMS Date Incurred Date Due Interest Rate Secured: (If none, enter 0)
M 03
List All Endorsers or Guarantors (if any) to Loan Source
1. Full Name (Last, First, Middle Initial) Name of Employer
Mailing Address Occupation
Amount
City State ZIP Code Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial) Name of Employer
Mailing Address Occupation
Amount
City State ZIP Code Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial) Name of Employer
Mailing Address Occupation
City State ZIP Code Guaranteed
City State ZIP Code Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial) Name of Employer
Mailing Address Occupation
Amount
City State ZIP Code Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)
TOTALS This Period (last page in this line only)
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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		100
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK F	OR CONGRE	Transaction ID : SC/10.8881
		,
LOAN SOURCE Full Name (Last, First, Mi CHERFILUS-MCCORMICK, SH		☐ Memo Item
Mailing Address 18612 SW 41ST STREET		General Other (specify) ▼
City	State	ZIP Code 33029 Personal Funds of the Candidate
MIRAMAR	FL	33029
Original Amount of Loan	Cumulative Page	yment To Date Balance Outstanding at Close of This Period
5000.00	2	0.00 5000.00
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
M M / D D / Y Y Y Y Y Y 2022	M M / D D	/ 12/31/2023 O.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	T	Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		5000.00
		, , , , , , , , , , , , , , , , , , , ,
TOTALS This Period (last page in this line onl	y)	······
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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	13h

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Transaction ID: SC/10.9443 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5500.00 0.00 5500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 12/31/2023 04 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 5500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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13b Transaction ID: SC/10.9444 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 400.00 0.00 400.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 2022 12/31/2023 04 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 400.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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168

13b Transaction ID: SC/10.9446 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 9170.00 0.00 9170.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 2022 12/31/2023 04 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 9170.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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13b Transaction ID: SC/10.9447 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 12/31/2023 04 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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NAME OF COMMITTEE (In Full)			Trans	action ID : SC/10.9448
SHEILA CHERFILUS MCCORMICK FO	R CONGRE	SS, IN	С	
LOAN SOURCE Full Name (Last, First, Midd	dle Initial)		☐ Memo Ite	
CHERFILUS-MCCORMICK, SHE	ILA, , ,			Primary General
Mailing Address 18612 SW 41ST STREET				Other (specify)
City	State	ZIP Co	de	
MIRAMAR	FL	33029		Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	ment To	Date Ba	alance Outstanding at Close of This Period
10000.00	2		0.00	10000.00
TERMS Date Incurred	D	ate Due	Interest Ra (If none, en	
M M / D D / Y Y Y Y Y N M	M / D D	/ Y	2/31/2023	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to	Loan Source			
1. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
			Amount	
City State	ZIP Code		Guaranteed Outstanding:	, , ,
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
			Amount	
City State	ZIP Code		Guaranteed Outstanding:	, , , , , , , ,
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
	T		Amount Guaranteed	
City	ZIP Code		Outstanding:	9
4. Full Name (Last, First, Middle Initial)	'		Name of Employer	
Mailing Address			Occupation	
	1		Amount	
City	ZIP Code		Guaranteed Outstanding:	9 9
SUBTOTALS This Period This Page (optional)			·······	10000.00
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Carry outstanding balance only to LINE 3, Sche	edule D, for this	line. If	no Schedule D, carry fo	prward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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					.,	10	3b
NAME OF COMI	MITTEE (In Full) ERFILUS MCCORMICK	FOR CONCR	=99 INIC		ransactio	on ID : SC/10.9449	
			233, INC	,			
LOAN SOUR	RCE Full Name (Last, First,	Middle Initial)		☐ Memo	Item E	Election: 2022	
CHERFIL	LUS-MCCORMICK, S	SHEILA				Primary	
Mailing Addre						General Other (appoint)	
18612 SW 41						Other (specify) ▼	
City		State	ZIP Code	е		X Personal Funds of the Candid	late
MIRAMAR		FL	33029			, ,	
Original Am	nount of Loan	Cumulative Pa	yment To D	Date	Balanc	e Outstanding at Close of This Pe	riod
	1000.00	,	,	0.00		1000.00	
TERMS	Date Incurred]	Date Due		st Rate e, enter 0)	Secured:	
M 05 /	13 Y Y Y Y Y Y Y	M M / D D		31/2023	0.00	% (apr) Yes X	No
List All Endo	orsers or Guarantors (if an	y) to Loan Source					
1. Full Nam	e (Last, First, Middle Initial)	•	Т	Name of Employer			
Mailing A	Address			Occupation			
			-	Amount			
City	State	zIP Code		Guaranteed Outstanding:	7	, , , , ,	
2. Full Name	e (Last, First, Middle Initial)			Name of Employer			
Mailing Ad	ddress			Occupation			
			-	Amount			
City	State	ZIP Code		Guaranteed Outstanding:	7		
3. Full Name	e (Last, First, Middle Initial)	,		Name of Employer			
Mailing Ad	ddress			Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding:			
4. Full Name	e (Last, First, Middle Initial)	<u>'</u>		Name of Employer			
Mailing Ad	ddress			Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding:	7		
SUBTOTALS T	his Period This Page (option	al)			_	4000.00	7
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				, 191	13b
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK F			Tra	ansaction ID : SC/10.9450	_
		33, 1110			
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo		
CHERFILUS-MCCORMICK, SH	EILA, , ,			Primary	
Mailing Address				General Other (specify) ▼	
18612 SW 41ST STREET				Other (specify)	
City	State FL	ZIP Code	,	Personal Funds of the Cand	idate
MIRAMAR					
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance Outstanding at Close of This F	'eriod
1000.00		,	0.00	1000.00	
TERMS Date Incurred	D	ate Due	Interest (If none,	st Rate Secured:	
M 05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D		1/2023	0.00 % (apr) Yes	No
List All Endorsers or Guarantors (if any) t	o Loan Source				
Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:	, , , , , , ,	
2. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:	9 9	
3. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(Occupation		
			Amount		
City State	ZIP Code		Guaranteed Outstanding:	, , , , , , , ,	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		(Occupation		
			N		
City	ZIP Code		Amount Guaranteed Dutstanding:	7 7	
	1				
SUBTOTALS This Period This Page (optional).			······································	1000.00	
TOTALS This Period (last page in this line only	/)		·····•	, , , , , ,	
Carry outstanding balance only to LINE 3. Sch	nedule D for this	s line If no	Schedule D. carn	y forward to appropriate line of Summa	

Use separate schedule(s) for each category of the Detailed Summary Page

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				, 191	13b	
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK F			Tra	nsaction ID : SC/10.9451		
		SS, INC				
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo I			
CHERFILUS-MCCORMICK, SH	EILA, , ,			Y Primary General		
Mailing Address				Other (specify)		
18612 SW 41ST STREET				Other (specify) V		
City	State	ZIP Code	•	Personal Funds of the Car	ndidate	
MIRAMAR						
Original Amount of Loan	Cumulative Pay	yment to D	ate	Balance Outstanding at Close of This	Period	
21836.00	,	,	0.00	21836.00)	
TERMS Date Incurred	D	ate Due	Interest (If none,			
M 05 19 / Y Y Y Y Y Y Y	M M / D D		1/2023	0.00 % (apr) Yes	X No	
List All Endorsers or Guarantors (if any) t	o Loan Source					
Full Name (Last, First, Middle Initial)		1	Name of Employer			
Mailing Address		(Occupation			
			Amount			
City	ZIP Code		Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , ,		
2. Full Name (Last, First, Middle Initial)		1	Name of Employer			
Mailing Address			Occupation			
			Amount			
City State	ZIP Code		Guaranteed Outstanding:	9 9		
3. Full Name (Last, First, Middle Initial)		1	Name of Employer			
Mailing Address		(Occupation			
			Amount			
City	ZIP Code		Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		1	Name of Employer			
Mailing Address		(Occupation			
		<u> </u>	Amount			
City State	ZIP Code		Guaranteed Dutstanding:	7 7		
	ı					
SUBTOTALS This Period This Page (optional).			······································	21836.00)	
TOTALS This Period (last page in this line only	y)		······			
Carry outstanding balance only to LINE 3. Sci	nedule D. for this	s line If no	Schedule D. carry	forward to appropriate line of Sum	manı	

Use separate schedule(s) for each category of the

PAGE 119 OF FOR LINE NUMBER: (check only one)

168

X | 13a Detailed Summary Page 13b Transaction ID: SC/10.9452 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 2765.00 0.00 2765.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 26 0.00 05 12/31/2023 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 2765.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 120 OF FOR LINE NUMBER: **X** 13a (check only one)

				Detailed of	allillary i a	gc				13b
AME OF COMMITTEE (In Full)	UOK 50	D CONODE	00 INC		Transa	ction ID :	SC/10.945	3		
SHEILA CHERFILUS MCCORM			SS, INC	<i>;</i>						
LOAN SOURCE Full Name (Last, F	irst, Midd	le Initial)			Memo Item	Election	_			
CHERFILUS-MCCORMIC	K, SHE	ILA, , ,				X Pri	mary neral			
Mailing Address						⊣	neral her (specify	Λ -		
18612 SW 41ST STREET							Tier (Speerly			
City	S	State	ZIP Cod	е						
MIRAMAR		FL	33029			X P	ersonal Fur	nds of the	Cano	didate
Original Amount of Loan		Cumulative Pay	ment To I	Date	Bala	ance Outs	standing at	Close of 7	This F	Period
5000.0	00			0.00	ΠГ			500	0.00	П
9 9		-	7			, ,			-	
TERMS Date Incurred		D	ate Due		nterest Rate If none, ente			Secure	d:	
05 / D D / Y Y Y Y 2022	Y	M / D D	/ Y 12/	31/2023 [°]	0	.00	% (apr)	Yes	s ×	No
List All Endorsers or Guarantors (in	f any) to	Loan Source								
1. Full Name (Last, First, Middle Ini	itial)			Name of Emp	loyer					
Mailing Address				Occupation						
				Amount	_	-			_	
City	State	ZIP Code		Guaranteed Outstanding:		7	,			
2. Full Name (Last, First, Middle Initi	ial)			Name of Emp	loyer					
Mailing Address				Occupation						
				Amount					_	
City	State	ZIP Code		Guaranteed Outstanding:		7	7			
3. Full Name (Last, First, Middle Initi	ial)			Name of Emp	loyer					
Mailing Address				Occupation						
				Amount						
City	State	ZIP Code		Guaranteed Outstanding:		7	-			
4. Full Name (Last, First, Middle Initial	ial)			Name of Emp	loyer					
Mailing Address				Occupation						
				Amount						
City	State	ZIP Code		Guaranteed Outstanding:		9	,			
, <u>l</u>										
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FOTALS This Period (last page in this I	line only).				_	,				Ħ
	31119)					7			-	
Carry outstanding balance only to LINI	E 3, Sche	dule D, for this	line. If n	o Schedule D	, carry for	ward to a	appropriate	line of S	umm	ary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 121 OF

FOR LINE NUMBER: (check only one)

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		100
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK F		Transaction ID : SC/10.9454
		,
LOAN SOURCE Full Name (Last, First, Mi CHERFILUS-MCCORMICK, SH		☐ Memo Item
Mailing Address 18612 SW 41ST STREET		General Other (specify) ▼
City	State	ZIP Code X Personal Funds of the Candidate
MIRAMAR	FL	33029
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
10000.00		0.00
TERMS Date Incurred	Ε	late Due Interest Rate Secured: (If none, enter 0)
05 / D D / Y Y Y Y Y Y Y	M M / D D	/ 12/31/2023
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	1	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	T	Amount
City State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		40000.00
		,
TOTALS This Period (last page in this line on	y)	······································
Carry outstanding balance only to LINE 3, So	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 122 OF
FOR LINE NUMBER:
(check only one)

X 13a 13b

	ME OF COMMITTEE (In Full) HEILA CHERFILUS MCCOR	MICK F	OR CONGRE	ESS, IN		action ID : SC/10.9455		
	LOAN SOURCE Full Name (Last, CHERFILUS-MCCORMIC	First, Mid	ddle Initial)		☐ Memo Iter	Election: 2022 Primary General		
	Mailing Address 18612 SW 41ST STREET					Other (specify)		
	City MIRAMAR		State FL	ZIP Co 33029		Personal Funds of the Candidate		
	Original Amount of Loan		Cumulative Pa	yment To	Date Ba	lance Outstanding at Close of This Period		
	500	0.00			0.00	5000.00		
	TERMS Date Incurred		С	Date Due	Interest Ra (If none, ent			
	06 / D D / Y Y 2022	Y	M M / D D	/ Y	2/31/2023	0.00 % (apr) Yes X No		
	List All Endorsers or Guarantors	(if any) t	o Loan Source					
	1. Full Name (Last, First, Middle	Initial)			Name of Employer			
	Mailing Address		C		Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7		
-	2. Full Name (Last, First, Middle I	nitial)			Name of Employer	,		
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	7		
	3. Full Name (Last, First, Middle II	nitial)			Name of Employer			
	Mailing Address				Occupation			
		1			Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	7 7 7		
	4. Full Name (Last, First, Middle I	nitial)			Name of Employer			
-	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	7 7		
SU	IBTOTALS This Period This Page	(optional).				5000.00		
	TALS This Period (last page in thi					3000.00		
	. (12		•			7 7 7		
l ca	arry outstanding balance only to L	INE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry fo	rward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 123 OF FOR LINE NUMBER: **X** 13a (check only one)

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13b Transaction ID: SC/10.9456 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 6000.00 0.00 6000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 06 12/31/2023 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 6000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 124 OF FOR LINE NUMBER: **X** | 13a (check only one)

168

13b Transaction ID: SC/10.9457 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 11444.00 0.00 11444.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 10 0.00 06 12/31/2023 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 11444.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 125 OF
FOR LINE NUMBER:
(check only one)

13a

		138
AME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK	FOR CONGRE	Transaction ID : SC/10.9458
LOAN SOURCE Full Name (Last, First, M		Floation: 2000
CHERFILUS-MCCORMICK, S	,	☐ Memo Item ☐ Election: 2022 ☐ Primary ☐ General
Mailing Address 18612 SW 41ST STREET		Other (specify) ▼
City	State	ZIP Code 33029 Personal Funds of the Candidate
MIRAMAR Original Amount of Loop	FL Computative Rev	33023
Original Amount of Loan 6000.00	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period 0.00 6000.00
9 9		
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
06 / 13 / 2022	M M / D D	√ 12/31/2023 O.00
List All Endorsers or Guarantors (if any	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional	l)	6000.00
TOTALS This Period (last page in this line o	nly)	
Carry outstanding halance only to LINE 2 S	Schedule D. for this	s line. If no Schedule D, carry forward to appropriate line of Summary.
Jan , Journaling Dalance Ully to Line 3, 3	onedule D, IOI IIIIS	, inic. ii no concade b, carry forward to appropriate line of cultillary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 126 OF FOR LINE NUMBER: **X** 13a (check only one)

				Detailed C	bullillary I ag		13b
AME OF COMMITTEE (In Full)					Transac	tion ID : SC/10.9459	
SHEILA CHERFILUS MCC			ESS, INC				
LOAN SOURCE Full Name (La		,			Memo Item	Election: 2022 Primary	
CHERFILUS-MCCORN	ЛІСК, SH	IEILA, , ,				General	
Mailing Address 18612 SW 41ST STREET						Other (specify)	
City		State	ZIP Code)			
MIRAMAR		FL	33029			Personal Funds of the	Candidate
Original Amount of Loan		Cumulative Pa	ayment To D	ate	Balaı	nce Outstanding at Close of	This Period
, ,	3500.00	,	7	0.00		9 95	500.00
TERMS Date Incurred		Γ	Date Due		Interest Rate (If none, enter		ed:
M 06 / D D / Y Y 20	22 Y	M M / D D	12/3	31/2023 Y	0.0	00 % (apr) Y	es X No
List All Endorsers or Guarant	ors (if any)	to Loan Source					
1. Full Name (Last, First, Midd	lle Initial)			Name of Emp	ployer		
Mailing Address				Occupation			
0''		770 0 1		Amount Guaranteed			$\overline{}$
City	State	ZIP Code		Outstanding:		7	_
2. Full Name (Last, First, Middl	e Initial)	·		Name of Emp	ployer		
Mailing Address				Occupation			
	1-	T		Amount Guaranteed			$\overline{}$
City	State	ZIP Code		Outstanding:		7 7 7	_
3. Full Name (Last, First, Middl	e Initial)	·		Name of Emp	ployer		
Mailing Address				Occupation			
City	Stata	ZIP Code		Amount Guaranteed			
City	State	ZIP Code		Outstanding:		9	
4. Full Name (Last, First, Middl	e Initial)			Name of Emp	ployer		
Mailing Address				Occupation			
				Amount			\neg
City	State	ZIP Code		Guaranteed Outstanding:		7 7	
SUBTOTALS This Period This Page	re (ontional)						
TODIO INIO PONO INIO PA	je (optional)					85	00.00
TOTALS This Period (last page in	this line on	y)			▶	, , , , , , , , , , , , , , , , , , , ,	
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Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 127 OF
FOR LINE NUMBER:
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			Detailed Garrinary	1 uge	13b				
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK F	OR CONGRE		nsaction ID : SC/10.9461						
LOAN COURSE Full Name (Loan First Middle Initial)									
,	,		☐ Memo It	tem Election: 2022					
CHERFILUS-MCCORMICK, SH	EILA, , ,			General					
Mailing Address 18612 SW 41ST STREET			Other (specify)						
City)								
MIRAMAR	FL	33029		Personal Funds of the	Candidate				
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance Outstanding at Close of T	his Period				
4000.00			0.00	4000	0.00				
, , , ,	9	9	0.00	, ,	3.00				
TERMS Date Incurred	D	ate Due	Interest (If none, e		1 :				
06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ 12/3	31/2023	0.00 % (apr) Yes	x X No				
List All Endorsers or Guarantors (if any) t	o Loan Source								
1. Full Name (Last, First, Middle Initial)			Name of Employer						
Mailing Address		Occupation							
					Amount				
City	<u> </u>	Guaranteed Outstanding:							
2. Full Name (Last, First, Middle Initial)		Name of Employer							
Mailing Address			Occupation						
		_	Amount						
City	ZIP Code		Guaranteed Outstanding:						
3. Full Name (Last, First, Middle Initial)	3. Full Name (Last, First, Middle Initial)				Name of Employer				
Mailing Address			Occupation						
			Amount						
City	City State ZIP Code								
4. Full Name (Last, First, Middle Initial)		Name of Employer							
Mailing Address			Occupation						
			Amount						
City	ZIP Code		Guaranteed Outstanding:	7 7 7					
	1								
SUBTOTALS This Period This Page (optional)									
TOTALS This Period (last page in this line only	/)								
Carry outstanding balance only to LINE 3, Sci	nedule D. for this	s line. If no	Schedule D. carry	forward to appropriate line of Su	ummary.				

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 128 OF
FOR LINE NUMBER:
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	ME OF COMMITTEE (In Full) HEILA CHERFILUS MCCOR	MICK F	OR CONGRE	SS, IN		ction ID : SC/10.9462			
	LOAN SOURCE Full Name (Last, CHERFILUS-MCCORMIC	First, Mid	ddle Initial)	,	☐ Memo Item	Primary			
	Mailing Address 18612 SW 41ST STREET	General Other (specify)							
	City MIRAMAR		State FL	ZIP Co 33029	de	Personal Funds of the Candidate			
	Original Amount of Loan		Cumulative Pay	yment To	Date Bal	ance Outstanding at Close of This Period			
	500	0.00			0.00	5000.00			
	TERMS Date Incurred			ate Due	Interest Rat (If none, ente				
	M 06	Y	M M / D D	/ Y	2/31/2023 0	.00 % (apr) Yes X No			
	List All Endorsers or Guarantors	(if any) t	o Loan Source						
	1. Full Name (Last, First, Middle	Initial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State ZIP Code Guaranteed Outstanding:				7			
	2. Full Name (Last, First, Middle Initial)				Name of Employer				
	Mailing Address				Occupation				
	Cit.	Ctata	ZID Code		Amount Guaranteed				
	City	State	ZIP Code		Outstanding:	9 9			
	3. Full Name (Last, First, Middle In	nitial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City State ZIP Code				Guaranteed Outstanding:	7			
	4. Full Name (Last, First, Middle In	nitial)		Name of Employer					
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	9 9 9			
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ı C	arry outstanging palance only to Li	ııv⊑ J, SCİ	iedule D, for this	s line. If	no acnequie D, carry for	ward to appropriate line of Summary.			

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 129 OF FOR LINE NUMBER: **X** 13a (check only one)

				Detailed	Outilitially 1 ag	90	13b	
AME OF COMMITTEE (In Full)					Transac	ction ID : SC/10.9463		
SHEILA CHERFILUS MCC			ESS, INC	;				
LOAN SOURCE Full Name (Last, First, M	ddle Initial)			Memo Item	Election: 2022		
CHERFILUS-MCCOR	MICK, SH	IEILA, , ,				Yrimary General		
Mailing Address 18612 SW 41ST STREET						Other (specify)		
City		State	ZIP Code	э Э		V		
MIRAMAR		FL	33029			Personal Funds of the	ne Candidate	
Original Amount of Loan		Cumulative Pa	ayment To D	Date	Bala	ance Outstanding at Close o	of This Period	
	25000.00	,	,	0.00	0	25	00.00	
TERMS Date Incurred		[Date Due		Interest Rate (If none, enter		ured:	
M 06 / D D / Y	^Y 2022	M M / D D	12/3	31/2023 ^Y		00	Yes X No	
List All Endorsers or Guaran	ntors (if any)	to Loan Source						
1. Full Name (Last, First, Mic	ddle Initial)			Name of Em	nployer			
Mailing Address	Mailing Address			Occupation				
				Amount				
City State ZIP Code				Guaranteed Outstanding:	. ——	7 7		
2. Full Name (Last, First, Middle Initial)				Name of Employer				
Mailing Address				Occupation				
				Amount Guaranteed			$\overline{}$	
City	State	ZIP Code		Outstanding:	. ——	7 7 7		
3. Full Name (Last, First, Mid	dle Initial)			Name of Em	nployer			
Mailing Address				Occupation				
				Amount Guaranteed			$\overline{}$	
City	State	ZIP Code		Outstanding:	:	7		
4. Full Name (Last, First, Middle Initial)				Name of Em	nployer			
Mailing Address			Occupation					
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:	. ——	9 9		
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TOTALS This Period (last page	in this line on	y)						
Carry outstanding balance only	to LINE 3. Sc	hedule D, for thi	is line. If n	o Schedule	D, carry forv	ward to appropriate line of	Summarv.	

Use separate schedule(s) for each category of the

PAGE 130 OF FOR LINE NUMBER: **X** 13a (check only one)

				Detailed S	Summary Pag	ge			13b
AME OF COMMITTEE (In Full)			•		Transac	tion ID : SC	C/10.9464		
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC									
LOAN SOURCE Full Name (Last,	First, Mic	ddle Initial)			Memo Item	Election:			
CHERFILUS-MCCORMIC	K, SHI	EILA, ,				Y Prima Gene			
Mailing Address 18612 SW 41ST STREET						Other	(specify)	7	
City State ZIP Code						V -			
MIRAMAR		FL	33029			X Pers	onal Funds	of the C	andidate
Original Amount of Loan		Cumulative Paym	nent To Da	ite	Bala	ince Outsta	nding at C	ose of Ti	his Period
17000	0.00		- 5	0.00		,	,	17000	.00
TERMS Date Incurred		Dat	te Due		Interest Rate (If none, enter			Secured	:
M 06 / 24 / Y Y 2022	Υ	M M / D D	12/3	1/2023 [°]		⁰⁰ %	(apr)	Yes	X No
List All Endorsers or Guarantors		o Loan Source							
1. Full Name (Last, First, Middle I	nitial)			lame of Emp	ployer				
Mailing Address			C	Occupation					
City	State	ZIP Code	G	mount Juaranteed Outstanding:		7	7	7	
2. Full Name (Last, First, Middle Initial)				lame of Emp	ployer				
·		ccupation							
Mailing Address									
City	State	ZIP Code		mount Suaranteed Outstanding:		7	,		
3. Full Name (Last, First, Middle In	itial)	1	١	Name of Employer					
Mailing Address			C	ccupation					
City	State	ZIP Code	G	mount Suaranteed Outstanding:		7	,	-	
4. Full Name (Last, First, Middle Initial)				lame of Emp	ployer				
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Carry outstanding balance only to LII	NE 2 Cal	andula D. for this !	ina If na	Sahadula I	D carny fami	vard to ann	ropriate li	no of C.	mmanı

Use separate schedule(s) for each category of the Detailed Summary Page

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		100			
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK F		Transaction ID : SC/10.9465			
		Mome Item Election: 2022			
CHERFILUS-MCCORMICK, SH	LOAN SOURCE Full Name (Last, First, Middle Initial) CHEREILUS-MCCORMICK SHEILA				
Mailing Address 18612 SW 41ST STREET		General Other (specify) ▼			
City	State	ZIP Code 33029 Personal Funds of the Candidate			
MIRAMAR	FL	33029			
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period			
10000.00		0.00			
TERMS Date Incurred	Г	Date Due Interest Rate Secured: (If none, enter 0)			
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ 12/31/2023 O.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if any)	to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
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Use separate schedule(s) for each category of the Detailed Summary Page

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CHERFILUS-MCCORMICK, SHEILA, , , Mailing Address City State FL 33029 Cumulative Payment To Date Secured: City State Incurred Date Interest Rate (If none, enter 0) 12000.00 TERMS Date Incurred Date Interest Rate (If none, enter 0) 12000.00 List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Cocupation Amount City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Cocupation Amount City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Cocupation Amount City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Cocupation Amount City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Cocupation Amount City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Cocupation Amount City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Cocupation Amount City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Cocupation Amount City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Cocupation Amount City State ZIP Code Outstanding:	Mailing Address 18612 SW 41ST STREET City MIRAMAR Original Amount of Loan 12000.0 TERMS Date Incurred Mod / 28 / 2022 List All Endorsers or Guarantors (if 1. Full Name (Last, First, Middle Init Mailing Address	oo f any) to	State FL Cumulative Pay	33029 yment To Date Due	Other (specify) ▼ Ode 9 Personal Funds of the Candid Do Date Balance Outstanding at Close of This Personal Funds of the Candid 12000.00 12000.00 Results Rate (If none, enter 0) 12/31/2023 Ode Ode Ode Ode Ode Ode Ode Od	eriod		
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Mailing Address City State ZIP Code Amount Guaranteed Outstanding:	City	State	ZIP Code					
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Outstanding:	20	<u> </u>	T=15 0 .					
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Use separate schedule(s) for each category of the Detailed Summary Page

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LOAN SOURCE Full Name	Election: 2022 Primary						
CHERFILUS-MCCO Mailing Address 18612 SW 41ST STREET	RIVIICK, SHI	ΞΙ L Α, , ,		General Other (specify) ▼			
City		State	ZIP Code	V Bernard Fords of the Constitute			
MIRAMAR		FL	33029	Personal Funds of the Candidate			
Original Amount of Loan		Cumulative Pa	ment To Date E	Balance Outstanding at Close of This Period			
, , , , ,	15500.00	2	0.00	15500.00			
TERMS Date Incurred		[ite Due Interest F				
M M / D D / Y	^y 2022	M M / D D	12/31/2022 Y	0.00 % (apr) Yes No			
List All Endorsers or Guara		o Loan Source					
1. Full Name (Last, First, M	liddle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:	7			
2. Full Name (Last, First, Mi	ddle Initial)		Name of Employer	Name of Employer			
Mailing Address			Occupation				
			Amount	Amount Guaranteed			
City State ZIP Code			Outstanding:				
3. Full Name (Last, First, Mi	ddle Initial)	Name of Employer	Name of Employer				
Mailing Address			Occupation				
	la	T=15 0 .	Amount Guaranteed				
City	State	ZIP Code	Outstanding:	9 9			
4. Full Name (Last, First, Mi	ddle Initial)		Name of Employer				
Mailing Address			Occupation	Occupation			
City	State	ZIP Code	Amount Guaranteed				
,			Outstanding:	7			
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JBTOTALS This Period This	Page (optional)		<u> </u>	15500.0			

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13b Transaction ID: SC/10.9469 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 62000.00 0.00 62000.00 **TERMS** Date Due Interest Rate Secured: Date Incurred (If none, enter 0) 0.00 06 12/31/2023 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 62000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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	13b

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Transaction ID: SC/10.9470 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 12000.00 0.00 12000.00 **TERMS** Date Due Interest Rate Secured: Date Incurred (If none, enter 0) 0.00 06 12/31/2023 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 12000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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13b Transaction ID: SC/10.9797 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 12120.00 0.00 12120.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 12/31/2023 07 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 12120.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORM	ICK EC		SS INI		ction ID : SC/10.9798			
LOAN SOURCE Full Name (Last, Fi	irst, Mido	dle Initial)	.55, 114	☐ Memo Item	Election: 2022 Primary			
Mailing Address 18612 SW 41ST STREET	ν, οι ι	, , ,			General Other (specify) ▼			
City MIRAMAR					Personal Funds of the Candidate			
Original Amount of Loan		Cumulative Pay	ment To	Date Bal	ance Outstanding at Close of This Period			
15700.0	00	,	,	0.00	15700.00			
TERMS Date Incurred M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y	D D D	ate Due	Interest Rat (If none, ente				
List All Endorsers or Guarantors (if 1. Full Name (Last, First, Middle Init		Loan Source		Name of Employer				
Mailing Address	,				Occupation			
City	City State ZIP Code							
2. Full Name (Last, First, Middle Initi	· I				7			
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	7 7 7			
3. Full Name (Last, First, Middle Initi	al)			Name of Employer				
Mailing Address				Occupation				
City	City State ZIP Code			Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initi	4. Full Name (Last, First, Middle Initial)							
Mailing Address			Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:	9 9			
SUBTOTALS This Period This Page (op	otional)			·····	15700.00			
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AME OF COMMITTEE (In Full)		TOO INC		Transacti	ion ID : SC/10.9799		
SHEILA CHERFILUS MCCORMICK F		288, INC		<u>, </u>			
LOAN SOURCE Full Name (Last, First, Mic	ldle Initial)		_ N	/lemo Item	Election: 2022		
CHERFILUS-MCCORMICK, SHI	EILA				Primary		
Mailing Address					General Other (appoint)		
18612 SW 41ST STREET					Other (specify) ▼		
City	State	ZIP Code					
MIRAMAR						Candidate	
Original Amount of Loan	Cumulative Pay	yment To Dat	te	Balan	nce Outstanding at Close of T	his Period	
36000.00			0.00		3600	0.00	
, , , ,	9	9	0.00		,	5.00	
TERMS Date Incurred	D	Date Due		nterest Rate f none, enter (Secured 0)	:t	
07 06 Y Y Y Y Y Y Y	M M / D D	/ Y Y Y 12/31	/2023 ^Y	0.0	% (apr) Yes	s X No	
List All Endorsers or Guarantors (if any) to	o Loan Source						
Full Name (Last, First, Middle Initial)		Na	ame of Empl	oyer			
Mailing Address	Mailing Address						
City		uaranteed utstanding:		, ,			
2. Full Name (Last, First, Middle Initial)	Na	Name of Employer					
Mailing Address		O	ccupation				
		Ar	nount				
City	ZIP Code		Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)		Na	ame of Emplo	oyer			
Mailing Address		O	Occupation				
Maining Address							
			nount		 	_	
City State	ZIP Code		uaranteed utstanding:		9 9		
4. Full Name (Last, First, Middle Initial)	Na	Name of Employer					
Mailing Address	O	Occupation					
		Ar	nount				
City State	ZIP Code		uaranteed utstanding:		7 7		
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13b Transaction ID: SC/10.9800 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 15000.00 0.00 15000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 2022 12/31/2023 07 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 15000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)

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for each category of the **X** 13a Detailed Summary Page 13b Transaction ID: SC/10.9801 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 150000.00 0.00 150000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 2022 12/31/2023 07 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 150000.00 TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER:
(check only one)

X 13a 13b

NAME OF COMMITTEE (In Full)			Tran	saction ID : SC/10.9802			
SHEILA CHERFILUS MCCORMICK FOR	CONGRES	SS, INC					
LOAN SOURCE Full Name (Last, First, Middle	Initial)		☐ Memo It				
CHERFILUS-MCCORMICK, SHEIL	Α, , ,			Primary General			
Mailing Address 18612 SW 41ST STREET				Other (specify)			
City	te	ZIP Coc	le				
MIRAMAR	L	33029		Personal Funds of the Candidate			
Original Amount of Loan Cu	umulative Payn	ment To	Date E	Balance Outstanding at Close of This Period			
52000.00	7	,	0.00	52000.00			
TERMS Date Incurred	Da	te Due	Interest F (If none, e				
M M / D D / Y Y Y Y Y Y M M	M / D D	/ Y	/31/2023 Y	0.00 % (apr) Yes No			
List All Endorsers or Guarantors (if any) to Lo	oan Source						
1. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
			Amount				
City State Z	IP Code		Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,			
2. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
		-	Amount				
City State Z	IP Code		Guaranteed Outstanding:	, , , , , , , ,			
3. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
			Amount Guaranteed				
City State Z	IP Code		Outstanding:	7			
4. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address			Occupation				
			Amount				
City State Z	IP Code		Guaranteed Outstanding:	. , ,			
SUBTOTALS This Period This Page (optional) 52000.00							
TOTALS This Period (last page in this line only)							
Carry outstanding balance only to LINE 3, Schedul	le D, for this	line. If r	no Schedule D, carry f	forward to appropriate line of Summary.			

Use separate schedule(s) for each category of the Detailed Summary Page

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13a 13b

NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORM	IICK FO	OR CONGRE	SS, IN		ction ID : SC/10.9803		
LOAN SOURCE Full Name (Last, F	Election: 2022 Primary General						
Mailing Address 18612 SW 41ST STREET	Other (specify)						
City MIRAMAR		State ZIP Code FL 33029			Personal Funds of the Candidate		
Original Amount of Loan	Original Amount of Loan Cumulative Payment			Date Balance Outstanding at Close of This Period			
10000.00		0.00			10000.00		
TERMS Date Incurred Date			ate Due	Oue Interest Rate Secured: (If none, enter 0)			
M 07 / D D / Y Y Y Y Y Y 2022	Y	M / D D	2/31/2023 O	.00 % (apr) Yes No			
List All Endorsers or Guarantors (i	f any) to	Loan Source					
1. Full Name (Last, First, Middle Ini	1. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	7		
2. Full Name (Last, First, Middle Init	2. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,		
3. Full Name (Last, First, Middle Initial)				Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed			
4. Full Name (Last, First, Middle Initial)			Outstanding: Name of Employer	, ,			
Mailing Address			Occupation				
				Amount			
City	State	ZIP Code		Guaranteed Outstanding:	9 9		
SUBTOTALS This Period This Page (or	otional)				10000.00		
TOTALS This Period (last page in this	line only)				7 7		
Carry outstanding halance only to LINI	E 3. Sch	edule D. for this	line. If	no Schedule D. carry for	ward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one)

X 13a 13b

NAME OF COMMITTEE (In Full)	Transa	Transaction ID : SC/10.9804			
SHEILA CHERFILUS MCCORMICK	FOR CONGRE	ESS, INC			
LOAN SOURCE Full Name (Last, First, N	Election: 2022				
CHERFILUS-MCCORMICK, S	Primary General				
Mailing Address 18612 SW 41ST STREET				Other (specify)	
City State ZIP C					
MIRAMAR	FL	33029		Personal Funds of the Candidate	
Original Amount of Loan	Cumulative Pa	yment To Date	Bala	ance Outstanding at Close of This Period	
4000.00		0.00		4000.00	
TERMS Date Incurred	С	Date Due Interest			
07 / D 7 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	12/31/202	23 O	.00 % (apr) Yes No	
List All Endorsers or Guarantors (if any)	to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name	of Employer		
Mailing Address		Оссир	ation		
		Amou	nt		
City State	ZIP Code	Guara	inteed anding:	7	
2. Full Name (Last, First, Middle Initial)		Name	of Employer		
Mailing Address			Occupation		
		Amou	nt		
City State	ZIP Code		inteed anding:	, ,	
3. Full Name (Last, First, Middle Initial)		Name	of Employer		
Mailing Address	Mailing Address				
		Amou			
City	ZIP Code		inteed anding:	9 9	
4. Full Name (Last, First, Middle Initial)	4. Full Name (Last, First, Middle Initial)				
Mailing Address			oation		
		Amou			
City	ZIP Code		inteed anding:	, , , , , , , , , , , , , , , , , , , ,	
SUBTOTALS This Period This Page (optional	l)			4000.00	
TOTALS This Period (last page in this line o	nly)				
Carry outstanding balance only to LINE 3, S	chedule D, for this	s line. If no Sch	edule D, carry for	ward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER:
(check only one)

X 13a 13b

NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORM	IICK FC	R CONGRE	SS, IN		ction ID : SC/10.9805		
LOAN SOURCE Full Name (Last, Fi	Election: 2022 Primary General						
Mailing Address 18612 SW 41ST STREET	Other (specify) ▼						
City MIRAMAR		State ZIP Code FL 33029			Personal Funds of the Candidate		
Original Amount of Loan Cumulative Payme			ment To	To Date Balance Outstanding at Close of This Period			
5000.0	9		0.00	5000.00			
TERMS Date Incurred	TERMS Date Incurred Date Due			Interest Rate (If none, ente			
M 07	Y	M / D D	2/31/2023 O	00 % (apr) Yes X No			
List All Endorsers or Guarantors (if	f any) to	Loan Source					
1. Full Name (Last, First, Middle Initial)				Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	7		
2. Full Name (Last, First, Middle Initi	2. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code	ZIP Code Guaranteed Outstanding:		7		
3. Full Name (Last, First, Middle Initial)				Name of Employer			
Mailing Address				Occupation			
Cit.	21-1-	ZIP Code		Amount Guaranteed			
City	State	ZIP Code		Outstanding:	9 9 9		
4. Full Name (Last, First, Middle Initi	4. Full Name (Last, First, Middle Initial)						
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,		
SUBTOTALS This Period This Page (op	otional)				5000.00		
TOTALS This Period (last page in this I	line only)				7 7 7		
Carry outstanding balance only to LINE	F 3. Sche	edule D for this	line If	no Schedule D. carry for	ward to appropriate line of Summary		

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

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		100
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK I		Transaction ID : SC/10.9806
		·
LOAN SOURCE Full Name (Last, First, M CHERFILUS-MCCORMICK, SH	☐ Memo Item	
Mailing Address 18612 SW 41ST STREET		General Other (specify) ▼
City	State	ZIP Code 33029 X Personal Funds of the Candidate
MIRAMAR	FL	33029 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
60000.00		0.00 60000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
CODICIALS THIS FERIOR THIS FAGE (OPLIONAL)	,	60000.00
TOTALS This Period (last page in this line or	ıly)	······································
Carry outstanding balance only to LINE 3, Se	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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13b Transaction ID: SC/10.9808 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 75000.00 0.00 75000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 03 0.00 08 12/31/2023 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 75000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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			Detailed S	Summary Page	^e	13b
IAME OF COMMITTEE (In Full)				Transact	ion ID : SC/10.9822	
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC						
LOAN SOURCE Full Name (Last, First, Middle Initial)						
CHERFILUS-MCCORMICK, SHEILA, , ,					Y Primary General	
Mailing Address 18612 SW 41ST STREET					Other (specify) ▼	
City	State	ZIP Code				
MIRAMAR	FL	33029			Personal Funds of the (Candidate
Original Amount of Loan	Cumulative Pay	yment To Dat	te	Balar	nce Outstanding at Close of T	his Period
41000.00	2	7	0.00		41000	.00
TERMS Date Incurred	D	ate Due		Interest Rate (If none, enter		:
M 08 / D D / Y Y 2022	M M / D D	12/31	/2023 [°]	0.0	% (apr) Yes	X No
List All Endorsers or Guarantors (if any) to	o Loan Source					
Full Name (Last, First, Middle Initial)		Na	ame of Emp	ployer		
Mailing Address		O	ccupation			
			mount uaranteed			7
City	ZIP Code		utstanding:		7 7	_
2. Full Name (Last, First, Middle Initial)			ame of Emp	ployer		
Mailing Address		O	ccupation			
	710 0 1		mount uaranteed			
City	ZIP Code		utstanding:		7 7	
3. Full Name (Last, First, Middle Initial)			ame of Emp	ployer		
Mailing Address		O	ccupation			
			mount			
City State	ZIP Code		uaranteed utstanding:		9 9	_
4. Full Name (Last, First, Middle Initial)	'	Na	ame of Emp	ployer		
Mailing Address		O	ccupation			
		Ar	nount			_
City	ZIP Code		uaranteed utstanding:		9	
SURTOTALS This Period This Page (ontional)	UBTOTALS This Period This Page (optional)					0
				_	41000	.00
TOTALS This Period (last page in this line only	/)			▶		
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no	Schedule I	D, carry forw	ard to appropriate line of Su	mmary.

Use separate schedule(s) for each category of the Detailed Summary Page

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13b Transaction ID: SC/10.9825 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 19000.00 0.00 19000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 16 0.00 08 12/31/2023 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 19000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORM	ICK FC	R CONGRE	SS. IN		ction ID : SC/10.9829
LOAN SOURCE Full Name (Last, Fi	rst, Midd	dle Initial)	,	☐ Memo Item	Election: 2022 Primary General
Mailing Address 18612 SW 41ST STREET					Other (specify)
City MIRAMAR		State FL	ZIP Cod 33029	de	Personal Funds of the Candidate
Original Amount of Loan		Cumulative Pay	ment To	Date Bal	ance Outstanding at Close of This Period
33000.0	0			0.00	33000.00
TERMS Date Incurred		D	ate Due	Interest Rat (If none, enter	
M 08 / D D / Y Y Y 2022	Y	M / D D	/ Y 12	2/31/2023	0.00 % (apr) Yes No
List All Endorsers or Guarantors (if		Loan Source			
Full Name (Last, First, Middle Init	tial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address				Occupation	
				Amount Guaranteed	
City	State	ZIP Code		Outstanding:	9 9
3. Full Name (Last, First, Middle Initia	al)			Name of Employer	
Mailing Address				Occupation	
O'th.	N-4-	ZID OI-		Amount Guaranteed	
City	State	ZIP Code		Outstanding:	y
4. Full Name (Last, First, Middle Initia	al)			Name of Employer	
Mailing Address				Occupation	
City	Nata .	ZID Code		Amount Guaranteed	
City	State	ZIP Code		Outstanding:	9 9
SUBTOTALS This Period This Page (op	otional)				33000.00
TOTALS This Period (last page in this li	ine only)				
Carry outstanding balance only to LINE	3, Sche	edule D. for this	s line. If	no Schedule D. carry for	ward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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13b Transaction ID: SC/10.9906 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 15000.00 0.00 15000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 18 0.00 08 12/31/2023 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 15000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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X | 13a (check only one) Detailed Summary Page 13b Transaction ID: SC/10.9928 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 08 12/31/2023 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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13b Transaction ID: SC/10.10507 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 60000.00 50000.00 10000.00 **TERMS** Date Due Interest Rate Secured: Date Incurred (If none, enter 0) 23 0.00 08 2022 12/31/2023 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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	13b

					130
IAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCO	RMICK F	OR CONGRE	ESS, IN		action ID : SC/10.10508
LOAN SOURCE Full Name (Las	st, First, Mic	ddle Initial)		Memo Iter	Election: 2022
CHERFILUS-MCCORMICK, SHEILA, , ,				Primary General	
Mailing Address 18612 SW 41ST STREET					Other (specify) ▼
City		State	ZIP Co	de	Personal Funds of the Candidate
MIRAMAR		FL	33029		
Original Amount of Loan		Cumulative Pa	yment To		alance Outstanding at Close of This Period
150	00.00			2900.00	12100.00
TERMS Date Incurred			Date Due	Interest Ra (If none, ent	
08 D D Y Y Y 202		M M / D D		2/31/2023 Y	0.00 % (apr) Yes X No
List All Endorsers or Guaranto	rs (if any) t	o Loan Source			
1. Full Name (Last, First, Middle	e Initial)			Name of Employer	
Mailing Address				Occupation	
				Amount	
City	State	ZIP Code		Guaranteed Outstanding:	9 9
2. Full Name (Last, First, Middle	Initial)	'		Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed	
		ZIP Code		Outstanding:	9 9
3. Full Name (Last, First, Middle	Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed	
		ZIF Code		Outstanding:	y
4. Full Name (Last, First, Middle	Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	Amount Guaranteed			
Oity	State	Zii Oode		Outstanding:	9 9
SUBTOTALS This Period This Page	e (optional)			······	12100.00
TOTALS This Period (last page in t	his line only	v)		······	, ,
Carry outstanding balance only to	LINE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry fo	rward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

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		100
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICE	Z EOD CONCDE	Transaction ID : SC/10.10510
		·
LOAN SOURCE Full Name (Last, First, CHERFILUS-MCCORMICK, S	☐ Memo Item	
Mailing Address 18612 SW 41ST STREET	- ,,,	General Other (specify) ▼
City	State	ZIP Code X Personal Funds of the Candidate
MIRAMAR	FL	33029
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
5000.00		0.00 5000.00
TERMS Date Incurred	Г	Date Due Interest Rate Secured: (If none, enter 0)
09 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	12/31/2023 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if an	v) to Loan Source	
Full Name (Last, First, Middle Initial)	<i>yy</i> 10 2 0011 0001100	Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	e ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
CULTOTAL C This David This David (
SUBTOTALS This Period This Page (option	ıaıj	5000.00
TOTALS This Period (last page in this line	only)	
Carry outstanding balance only to LINE 3,	Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 155 OF
FOR LINE NUMBER:
(check only one)

13a

		100
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK		Transaction ID : SC/10.10511
		·
LOAN SOURCE Full Name (Last, First, CHERFILUS-MCCORMICK, S	Memo Item Election: 2022 Primary	
Mailing Address 18612 SW 41ST STREET		General Other (specify) ▼
City	State	ZIP Code 33029 X Personal Funds of the Candidate
MIRAMAR	FL	33029
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
5000.00		0.00 5000.00
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	12/31/2023 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	, 10 200 000.00	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	<u>'</u>	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (option		
CODICIALS This Fellou This Fage (option	ai)·····	5000.00
TOTALS This Period (last page in this line of	only)	······································
Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER:
(check only one)

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	13b

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Transaction ID: SC/10.12586 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2024 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 06 09 2024 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 157 OF FOR LINE NUMBER: **X** | 13a (check only one)

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13b Transaction ID: SC/10.12927 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2026 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 700.00 0.00 700.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 01 2025 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 700.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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ANAL OF COMMITTEE (In Fully	Transaction ID : SC/10.12928			
AME OF COMMITTEE (In Full)				
SHEILA CHERFILUS MCCORMICK FOR CONGRESS,	INC			
LOAN SOURCE Full Name (Last, First, Middle Initial)				
CHERFILUS-MCCORMICK, SHEILA, , ,	Y Primary General			
Mailing Address 18612 SW 41ST STREET	Other (specify) ▼			
City State ZIP	Code			
MIRAMAR FL 33	029 Personal Funds of the Candidate			
Original Amount of Loan Cumulative Payment	t To Date Balance Outstanding at Close of This Period			
200.00	0.00 200.00			
TERMS Date Incurred Date D	Oue Interest Rate Secured:			
02 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	% (apr)			
List All Endorsers or Guarantors (if any) to Loan Source				
1. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount Guaranteed			
City State ZIP Code	Outstanding:			
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
This renou This rage (optional)	200.00			
FOTALS This Period (last page in this line only)	······			
Carry outstanding balance only to LINE 3, Schedule D, for this line	. If no Schedule D, carry forward to appropriate line of Summary.			

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

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			130
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK			ion ID : SC/10.12929
		233, INC	
LOAN SOURCE Full Name (Last, First, CHERFILUS-MCCORMICK, S	☐ Memo Item	Election: 2026 Primary	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		General
Mailing Address 18612 SW 41ST STREET			Other (specify) ▼
City	State	ZIP Code	Personal Funds of the Candidate
MIRAMAR	FL	33029	
Original Amount of Loan	Cumulative Pa	yment To Date Balar	nce Outstanding at Close of This Period
354.00		0.00	354.00
TERMS Date Incurred	Г	Date Due Interest Rate (If none, enter (Secured:
02 14 2025	M M / D D	/ Y " Y " Y	% (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	,	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	9 9
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	y
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	7
SUBTOTALS This Period This Page (options	al)	<u> </u>	354.00
TOTALS This Period (last page in this line of	only)	······	3656079.00
Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry forwa	ard to appropriate line of Summary.

Excluding Loans

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(check only one)

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NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A Full Name (Last First Middle Initial) of D	obtor or Cro	ditor	National of Dalet (Downson)
A. Full Name (Last, First, Middle Initial) of D	Nature of Debt (Purpose): Fundraising and Compliance Consulting Fee		
Angerholzer Broz Consulting	i unuraising and compliance consulting Fee		
Mailing Address 1 M Street SE Suite 275			
City	State	Zip Code	
Washington	DC	20003	
Outstanding Balance Beginning This Period	i		Transaction ID : SD10.12925
15873.03			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		15873.03	0.00
y		7	
B. Full Name (Last, First, Middle Initial) of De	btor or Cred	itor	Nature of Debt (Purpose):
Angerholzer Broz Consulting			Fundraising and Compliance Consulting Fee
Mailing Address 1 M Street SE Suite 275			
City	State	Zip Code	
Washington	DC	20003	
Outstanding Balance Beginning This Period 20481.13 Amount Incurred This Period		Payment This Period	Transaction ID : SD10.13042 Outstanding Balance at Close of This Period
0.00		4126.97	16354.16
C. Full Name (Last, First, Middle Initial) of D	ebtor or Cre	ditor	Notice of Dobt (Downson)
Angerholzer Broz Consulting			Nature of Debt (Purpose): Fundraising and Compliance Consulting Fee
Mailing Address 1 M Street SE Suite 275			
City	State	Zip Code	
Washington	DC	20003	
Outstanding Balance Beginning This Period	i		Transaction ID: SD10.13339
18949.80			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	18949.80
SUBTOTALS This Period This Page (optional	al)		> 35303.96
TOTALS This Period (last page this line nun	nber only) ·····		·
TOTAL OUTSTANDING LOANS from Scheo	lule C (last p	age only)·····	>
ADD 2) and 3) and carry forward to approp	riate line of S	Summary Page (last page only)	·

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 161 OF
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(check only one)

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_				· · · · · · · · · · · · · · · · · · ·
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
	Angerholzer Broz Consulting			Fundraising and Compliance Consulting Fee
-				
	Mailing Address 1 M Street SE Suite 275			
	City	State	Zip Code	
L	Washington	DC	20003	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.13681
	0.00			
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
	19845.19		0.00	19845.19
	19043.19		0.00	19040.19
Ī	B. Full Name (Last, First, Middle Initial) of Deb	tor or Cred	litor	Nature of Debt (Purpose):
l	Elias Law Group LLP			Legal Fees
	Mailing Address 250 Massachusetts Ave NW Suite 400			
Ī	City	State	Zip Code	
L	Washington	DC	20001	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.12591
	33149.50			
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	33149.50
	0.00		0.00	33149.30
f	C. Full Name (Last, First, Middle Initial) of De	btor or Cre	editor	Nature of Debt (Purpose):
	Elias Law Group LLP		Legal Fees	
İ	Mailing Address 250 Massachusetts Ave NW Suite 400			
t	City	State	Zip Code	
l	Washington	DC	20001	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.12592
	130338.00			
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	130338.00
)	SUBTOTALS This Period This Page (optional)			183332.69
)	TOTALS This Period (last page this line number only)			
)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
)	ADD 2) and 3) and carry forward to appropri	ate line of	Summary Page (last page only)	

Excluding Loans

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

				·
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
	Elias Law Group LLP			Legal Fees
-	Mailing Address 250 Massachusetts Ave NW Suite 400			
Ī	City	State	Zip Code	
	Washington	DC	20001	
Î	Outstanding Balance Beginning This Period			Transaction ID : SD10.12593
	13109.75			
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	13109.75
ŀ	B. Full Name (Last, First, Middle Initial) of Deb	otor or Cred	litor	Nature of Debt (Purpose):
	Elias Law Group LLP			Legal Fees
-	Mailing Address 250 Massachusetts Ave NW Suite 400			
İ	City	State	Zip Code	
	Washington	DC	20001	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.12595
	66297.00			
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	66297.00
ŀ	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elias Law Group LLP		ditor	Nature of Debt (Purpose):
				Legal Fees
Î	Mailing Address 250 Massachusetts Ave NW Suite 400			
ĺ	City	State	Zip Code	
	Washington	DC	20001	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.12608
	50205.25			
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	50205.25
1)	SUBTOTALS This Period This Page (optional)		129612.00
2) TOTALS This Period (last page this line number only)				
3)	TOTAL OUTSTANDING LOANS from Schedu	ıle C (last p	page only)	
4)	ADD 2) and 3) and carry forward to appropri	ate line of	Summary Page (last page only)	7 7 7

Excluding Loans

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SHEILA CHERFILUS	MCCORMICK FOR	CONGRESS.	, INC

			<u>'</u>
A. Full Name (Last, First, M	liddle Initial) of Debtor or Cre	Nature of Debt (Purpose):	
Elias Law Group I	_LP	Legal Fees	
Mailing Address 250 Massa Suite 400	achusetts Ave NW		
City	State	Zip Code	
Washington	DC	20001	
Outstanding Balance Begi			Transaction ID: SD10.12596
, , , , , , , , , , , , , , , , , , , ,	49814.07		
Amount Incurred T	his Period	Payment This Period	Outstanding Balance at Close of This Period
7	0.00	0.00	49814.07
B. Full Name (Last, First, Mi	ddle Initial) of Debtor or Cred	ditor	Nature of Debt (Purpose):
Elias Law Group I	_LP		Legal Fees
Mailing Address 250 Massa Suite 400	achusetts Ave NW		
City Washington	State DC	Zip Code 20001	
Outstanding Balance Begi	nning This Period		Transaction ID : SD10.12598
	22575.15		
Amount Incurred T	his Period	Payment This Period	Outstanding Balance at Close of This Period
7 7	0.00	0.00	22575.15
C. Full Name (Last, First, M	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elias Law Group LLP		Nature of Debt (Purpose):
Elias Law Group I			Legal Fees
Mailing Address 250 Mass Suite 400	achusetts Ave NW		
City	State	Zip Code	
Washington	DC	20001	
Outstanding Balance Begi			Transaction ID : SD10.12600
7	43620.30		
Amount Incurred T	his Period	Payment This Period	Outstanding Balance at Close of This Period
7 7	0.00	0.00	43620.30
1) SUBTOTALS This Period T	his Page (optional) ·····		116009.52
2) TOTALS This Period (last p	page this line number only)		·
3) TOTAL OUTSTANDING LO	DANS from Schedule C (last p	page only)·····	·
4) ADD 2) and 3) and carry for	prward to appropriate line of	Summary Page (last page only)	

Excluding Loans

(Use separate schedule(s) for each numbered line)

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S	SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC				
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):	
	Elias Law Group LLP			Legal Fees	
	Mailing Address 250 Massachusetts Ave NW Suite 400				
Ī	City	State	Zip Code		
	Washington	DC	20001		
	Outstanding Balance Beginning This Period			Transaction ID : SD10.12601	
	718.25				
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	718.25	
Ī	B. Full Name (Last, First, Middle Initial) of Deb	tor or Credit	tor	Nature of Debt (Purpose):	
	Elias Law Group LLP			Legal Fees	
	Mailing Address 250 Massachusetts Ave NW Suite 400				
	City	State	Zip Code		
ļ	Washington	DC	20001		
	Outstanding Balance Beginning This Period			Transaction ID : SD10.12603	
	Amount Incurred This Period Payment This Period 0.00 0.00				
			Outstanding Balance at Close of This Period		
			2029.80		
ŀ	C. Full Name (Last, First, Middle Initial) of De	btor or Cred	litor	Nature of Dobt (Durnoco):	
	Elias Law Group LLP			Nature of Debt (Purpose): Legal Fees	
	Mailing Address 250 Massachusetts Ave NW Suite 400				
	City	State	Zip Code		
-	Washington	DC	20001		
	Outstanding Balance Beginning This Period			Transaction ID : SD10.12604	
	26328.75				
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	26328.75	
1)	SUBTOTALS This Period This Page (optional))		29076.80	
2)	TOTALS This Period (last page this line number only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)					
4)	ADD 2) and 3) and carry forward to appropria	ate line of S	summary Page (last page only)		

Excluding Loans

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			<u> </u>
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Elias Law Group LLP	Elias Law Group LLP		
Mailing Address 250 Massachusetts Ave NW Suite 400			_
City	State	Zip Code	
Washington	DC	20001	
Outstanding Balance Beginning This Period			Transaction ID : SD10.12606
16126.20			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	16126.20
B. Full Name (Last, First, Middle Initial) of Deb	otor or Credit	tor	Nature of Debt (Purpose):
Elias Law Group LLP			Legal Fees
Mailing Address 250 Massachusetts Ave NW Suite 400			
City Washington	State DC	Zip Code 20001	
Outstanding Balance Beginning This Period	ı		Transaction ID : SD10.12607
9646.65			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	9646.65
C. Full Name (Last, First, Middle Initial) of De	btor or Cred	itor	Nature of Debt (Purpose):
Elias Law Group LLP			Legal Fees
Mailing Address 250 Massachusetts Ave NW Suite 400	200 Maddadiadotto / Wo TVV		
City	State	Zip Code	
Washington	DC	20001	
Outstanding Balance Beginning This Period			Transaction ID : SD10.12914
7337.20			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	7337.20
1) SUBTOTALS This Period This Page (optional)		33110.05
2) TOTALS This Period (last page this line num	ber only) ······		
3) TOTAL OUTSTANDING LOANS from Schedu	ıle C (last pa	age only)	
4) ADD 2) and 3) and carry forward to appropri	ate line of S	ummary Page (last page only)	

Excluding Loans

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NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):			
Elias Law Group LLP			Legal Fees	
Mailing Address 250 Massachusetts Ave NW Suite 400				
City	State	Zip Code		
Washington	DC	20001		
Outstanding Balance Beginning This Period			Transaction ID : SD10.12916	
3823.30				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	3823.30	
B. Full Name (Last, First, Middle Initial) of Deb	otor or Credito	or	Nature of Debt (Purpose):	
Elias Law Group LLP			Legal Fees	
Mailing Address 250 Massachusetts Ave NW Suite 400				
City	State	Zip Code		
Washington	DC	20001		
Outstanding Balance Beginning This Period			Transaction ID : SD10.12917	
4475.50				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	4475.50	
C. Full Name (Last, First, Middle Initial) of De	btor or Credit	tor	Nature of Debt (Purpose):	
Elias Law Group LLP			Legal Fees	
Mailing Address 250 Massachusetts Ave NW Suite 400			-	
City	State	Zip Code		
Washington	DC	20001		
Outstanding Balance Beginning This Period			Transaction ID : SD10.12918	
3867.50				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	3867.50	
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page this line number only)				
TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

Excluding Loans

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SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC
--

				<u>, </u>
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
	Elias Law Group LLP			Legal Fees
-	Mailing Address 250 Massachusetts Ave NW Suite 400			_
l	City	State	Zip Code	
	Washington	DC	20001	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.13045
	53006.00			
	Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Period
	0.00		0.00	53006.00
ŀ	B. Full Name (Last, First, Middle Initial) of Deb	tor or Cred	litor	Nature of Debt (Purpose):
	Elias Law Group LLP			Legal Fees
-	Mailing Address 250 Massachusetts Ave NW Suite 400			-
ĺ	City	State	Zip Code	
-	Washington	DC	20001	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.13046
	13054.05			
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	13054.05
ŀ	C. Full Name (Last, First, Middle Initial) of De	btor or Cre	ditor	Nature of Debt (Purpose):
	Figgers Technologies			Multimedia Messaging Services
	Mailing Address 3810 Inverray Blvd Suite 401			
	City	State	Zip Code	
ŀ	Fort Lauderdale	FL	33319	
	Outstanding Balance Beginning This Period			Transaction ID: SD10.12272
	4500.00			
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	4500.00
1)	SUBTOTALS This Period This Page (optional)			70560.05
2)	TOTALS This Period (last page this line number	per only) ····		
3)	TOTAL OUTSTANDING LOANS from Schedu	le C (last p	page only)	
4)	ADD 2) and 3) and carry forward to appropri	ate line of	Summary Page (last page only)	

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NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

In Elling and Elling and State and S	.1.1		1
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kaiser PLLC			Nature of Debt (Purpose):
			Legal Fees
Mailing Address 1099 14th St NW 8th Floor W			
City	State	Zip Code	
Washington	DC	20005	
Outstanding Balance Beginning This Period	d T		Transaction ID : SD10.13043
56177.09			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	56177.09
B. Full Name (Last, First, Middle Initial) of De	ebtor or Cred	litor	Nature of Debt (Purpose):
			reaction of Bost (Fulposo).
Mailing Address			-
	0	7: 0:4:	
City	State	Zip Code	
C. Full Name (Last, First, Middle Initial) of D Mailing Address	ebtor or Cre	ditor	Nature of Debt (Purpose):
Ou	0	7: 0:4:	_
City	State	Zip Code	
Outstanding Balance Beginning This Period Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
SUBTOTALS This Period This Page (options			56177.09
TOTALS This Period (last page this line number only)			665348.46
TOTAL OUTSTANDING LOANS from Schedule C (last page only)			3656079.00
ADD 2) and 3) and carry forward to approp	riate line of	Summary Page (last page only)	4321427.46